



EMPOWERMENT SCHOLARSHIP ACCOUNT  
2019-2020 EXPENSE REPORT  
STUDENT WITH DISABILITY

**\*\*This document can only be used for Quarter 1 of the 19/20 School Year.**

Quarter: 1

**Applicant/Legal Guardian and Student Details (print in blue or black ink):**

Student First Legal Name	Student Legal Last Name
Applicant/Legal Guardian First Name	Applicant/Legal Guardian Last Name

**Expenses (If not Applicable, Leave Blank)**

**1) Private School Expenses**

**A) Tuition**

School Name: \_\_\_\_\_ Tuition Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semester ☐ Quarterly ☐ Annual

**B) Fees**

Fee Type 1: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee  
☐ Activity Fee ☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee  
☐ Other (Specify): \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

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Fee Type 2: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee  
☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee  
☐ Other (Specify): \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

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Fee Type 3: ☐ Registration fee ☐ Facility fee ☐ Lab fee ☐ Credit Card Processing fee  
☐ Application fee ☐ Book fee ☐ Tutoring fee ☐ Enrollment fee  
☐ Other (Specify): \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square



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**C) Textbooks - Required By Private School**

Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$
Textbook:	Amount Paid: \$

**B) Uniform (Required By and Purchased Through School)**

Total Payment Amount: \$

**2) Educational Therapies and Services for Students with Disabilities**

**A) Therapy 1**

Payment Date:

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: Payment Amount: \$

Name of Therapist:

Therapy Type: Credential Type:

☐ Checking this box assures that I have verified credentials and documents are attached

**B) Therapy 2**

Payment Date:

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: Payment Amount: \$

Name of Therapist:

Therapy Type: Credential Type:

☐ Checking this box assures that I have verified credentials and documents are attached

**C) Therapy 3**

Payment Date:

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: Payment Amount: \$



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Name of Therapist: \_\_\_\_\_

Therapy Type: \_\_\_\_\_ Credential Type: \_\_\_\_\_

☐ Checking this box assures that I have verified credentials and documents are attached

**Use Addendum sheet to add additional therapies**

**3) Paraprofessional for Students with Disabilities**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Name of Paraprofessional: \_\_\_\_\_

Credential Type: ☐ Associates degree or higher  
☐ 60 or more credit hours  
☐ Passed one or more of the three paraprofessional tests

☐ Checking this box assures that I have verified credentials and documents are attached

**4) Life-Skills Education**

These courses help students with disabilities learn life-skills to promote independence.

**A) Course 1**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Course Title: \_\_\_\_\_ Subject: \_\_\_\_\_

Provider: \_\_\_\_\_ Contact: \_\_\_\_\_

**B) Course 2**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Course Title: \_\_\_\_\_ Subject: \_\_\_\_\_

Provider: \_\_\_\_\_ Contact: \_\_\_\_\_

**4) Assistive Technology Rental for Students with Disabilities (as required by therapy)**



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Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Equipment \_\_\_\_\_ Provider \_\_\_\_\_

**Please attach signed Rental Agreement with submission**

**5) Education and/or Psychological Evaluation (credential required)**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Evaluation Type: \_\_\_\_\_ Provider \_\_\_\_\_

**6) Braille Translation Service**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Provider: \_\_\_\_\_

**7) Tutoring Services – Academic Subjects, including Art, Foreign Language and Music (credential required)**

**A) Tutor 1**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Name of Tutor: \_\_\_\_\_ Subject: \_\_\_\_\_

Credential Type: ☐ Bachelor's Degree or higher ☐ State Teaching Certificate

☐ State Substitute Teaching Certificate

☐ Checking this box assures that I have verified credentials and documents are attached

**B) Tutor 2**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square



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Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Name of Tutor: \_\_\_\_\_ Subject: \_\_\_\_\_

Credential Type: ☐ Bachelor's Degree or higher ☐ State Teaching Certificate  
☐ State Substitute Teaching Certificate

☐ Checking this box assures that I have verified credentials and documents are attached

**Use Addendum sheet to add additional Academic Tutors**

**C) Tutor 3**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Name of Tutor: \_\_\_\_\_ Subject: \_\_\_\_\_

Credential Type: ☐ Bachelor's Degree or higher ☐ State Teaching/Substitute Teaching Certificate  
☐ Subject-specific Credential (Specify): \_\_\_\_\_

☐ Checking this box assures that I have verified credentials and documents are attached

**Use Addendum sheet to add additional Extra-Curricular Tutors**

**8) Curricula**

**A) Curriculum Order 1**

Payment Date: \_\_\_\_\_ Total Payment Amount: \$ \_\_\_\_\_ Vendor: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

**a) Curriculum, as listed on Invoice**

Name of Curriculum	Grade Level	Subject	Price
			\$
			\$
			\$
			\$
			\$

**b) Supplemental Material**

Required by (Curriculum Name)	Name of Item	Price
		\$
		\$



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c) Taxes and Shipping: *Payment Amount:* \$ \_\_\_\_\_

**B) Curriculum Order 2**

*Payment Date:* \_\_\_\_\_ *Total Payment Amount:* \$ \_\_\_\_\_ *Vendor:* \_\_\_\_\_

*Payment Method:* ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

**a) Curriculum, as listed on Invoice**

<i>Name of Curriculum</i>	<i>Grade Level</i>	<i>Subject</i>	<i>Price</i>
			\$
			\$
			\$
			\$
			\$

**b) Supplemental Material**

<i>Required By (Curriculum Name)</i>	<i>Name of Item</i>	<i>Price</i>
		\$
		\$

c) Taxes and Shipping: *Payment Amount:* \$ \_\_\_\_\_

Use Addendum sheet to add additional Curricula

**9) Online Private Program**

**A) Tuition**

*Program Name:* \_\_\_\_\_ *Tuition Paid:* \$ \_\_\_\_\_ *Payment Date:* \_\_\_\_\_

**B) Fees (as shown on Invoice)**

*Name of Fee:* \_\_\_\_\_ *Tuition Paid:* \$ \_\_\_\_\_ *Payment Date:* \_\_\_\_\_

**C) Required Textbooks/Curriculum**



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Title:	Amount Paid: \$
Title:	Amount Paid: \$
Title:	Amount Paid: \$

**10) Testing Fee for Placement/Admission Exams related to College**

Payment Date: \_\_\_\_\_ Test Date: \_\_\_\_\_  
Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Test Name: ☐ American College Test (ACT) ☐ California Achievement Test (CAT)  
☐ Stanford Achievement Test (SAT) ☐ Iowa Test of Basic Skills (ITBS)  
☐ Tests of Academic Proficiency (TAP) ☐ Metropolitan Achievement Test (MAT)  
☐ TerraNova ☐ Other (Specify) : \_\_\_\_\_

**11) Post-Secondary Institution (University, College, Trade or Vocational School in Arizona)**

**A) Tuition**

Institution Name: \_\_\_\_\_ Tuition Paid: \$ \_\_\_\_\_ Payment Date: \_\_\_\_\_

**B) Fees**

Name of Fee 1:	Amount Paid: \$
Name of Fee 2:	Amount Paid: \$

**C) Textbooks Required by Post-Secondary Institution**

Title:	Amount Paid: \$
Title:	Amount Paid: \$
Title:	Amount Paid: \$

**D) Placement / Admissions Test**

Test Name: \_\_\_\_\_ Test Date: \_\_\_\_\_



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Amount Paid: \$ \_\_\_\_\_

**12) Bank Fee for ESA Account**

**a) Bank Fee 1**

Payment Date: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

Fee Type: ☐ Replacement Card (Lost or Stolen) ☐ Expedited Service Fee

**b) Bank Fee 2**

Payment Date: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

Fee Type: ☐ Replacement Card (Lost or Stolen) ☐ Expedited Service Fee

**13) Services from a Public School**

**Note:** Student cannot be enrolled in public school; services must be paid-services from a public school within Arizona

Payment Date: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

District: \_\_\_\_\_

School: \_\_\_\_\_

Course Title: \_\_\_\_\_ Subject: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**14) Other goods and services (Reading books, field trips, allowable kits)**

Item Title/Name:	Category:	Date Purchased & Cost:





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**EXPENDITURE – ATTESTATION FORM**

Pursuant to Arizona Revised Statutes § 15-2402 & 15-2403, as the ESA contract holder, I certify that:

- 1) All funds have been spent for the lawful benefit of the qualified student as authorized in Section 3 of the Empowerment Scholarship Agreement.
- 2) I understand that the Arizona Department of Education is authorized to audit all expenditures and may:
  - a. Suspend an ESA account or remove a parent for misspending;
  - b. Require repayment of misspent funds before releasing additional monies;
  - c. Refer gross misspending for further investigation to the Attorney Generals' Office that may result in a civil judgment or criminal indictment.
- 3) I understand it is a violation of ESA policy to retain the services of a family member or ESA card holder as a therapist, tutor or aide.

ESA Application #:

Parent Name (*Print*)

Signature

Date

**Submission is not complete without all supporting documentation (receipts, invoices, credentials, etc.)**

**Send completed Expense Report and required documents to:**



**Mail**



**Email:**



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Arizona Department of Education  
Attn: ESA  
1535 W. Jefferson Street Bin #41  
Phoenix, Arizona 85007

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