



Florida Gardiner Scholarship Program New Application for School Year 2019-2020

(Deadline to apply posted at www.aascholarships.org)

Scholarships are granted in the order of first application completed, first granted.

If you enroll your student into a private school before you have received a SCHOLARSHIP AWARD LETTER and School Commitment Form (SCF), you will be responsible for your student's tuition and he/she may not qualify for future scholarship funding. Funding is not guaranteed. Please consider this before enrolling your student(s) in a private school.

ARE YOU ELIGIBLE TO SUBMIT AN APPLICATION? COMPLETE THE QUESTIONS BELOW TO FIND OUT.

- 1.) Does the household live in Florida?
 - Yes, please continue to question #2.
 - No, we live in another state. STOP – do not apply, your household is NOT eligible.
- 2.) Will your student be 3 or 4 years old on or before September 1, 2019?
 - Yes, my Florida student will be 3 or 4 years old on or before September 1, 2019. Please continue to question #4.
 - No, my Florida student will be at least 5 years old on or before September 1, 2019. Please continue to question #3.
 - No, my student will not meet the age requirements for Florida. STOP – do not apply; your student does not qualify to receive a 2019-2020 AAA scholarship.
- 3.) Will your student be the required age to attend Kindergarten through 12th grade on or before September 1, 2019?
 - Yes, my Florida student will be at least 5 years old but not older than 21 years old on September 1, 2019. Please continue to question #4.
 - No, my student will not meet the age requirements for Florida. STOP – do not apply; your student does not qualify to receive a 2019-2020 AAA scholarship.
- 4.) Does your student have at least one of the following 17 disabilities?

1. Autism Spectrum Disorder	5. Phelan-McDermid	9. Muscular Dystrophy	13. Deaf	17. Hospital or homebound
2. Down syndrome	6. Prader-Willi syndrome	10. Williams syndrome	14. Visually impaired	
3. Cerebral palsy	7. Spina bifida	11. Dual sensory impaired	15. Traumatic brain injured	
4. Intellectual disability	8. For a 3-5-year-old, being a high-risk child	12. Anaphylaxis	16. Rare disease	

 - Yes, my student has been diagnosed with at least one of 17 listed disabilities. Please continue to question #5.
 - No, my student has not been diagnosed with at least one of 17 listed disabilities. STOP – do not apply; your student does not qualify to receive a 2019-2020 AAA scholarship.
- 5.) Is your household/student otherwise eligible?
 - Yes, neither my student nor my household has been disqualified from the program for any reason, including AAA's internal audit process. Please continue to complete the application on the next page.
 - No, my student or our household has been disqualified/revoked from program participation for any reason, including an internal audit process in the past. STOP – do not apply; your household does not qualify for a 2019-2020 AAA scholarship.

Please Note that a student may NOT receive a Gardiner Scholarship AND:

1. Continue to attend a Florida public school, including:
 - a. Florida School for the Deaf and the Blind
 - b. Florida Virtual School (as a public-school student)
 - c. College-Preparatory Boarding Academy
 - d. A developmental research school
 - e. A district charter school
 - f. A district virtual education program (as a public school student)
2. Remain on a McKay Scholarship or a Tax Credit (Income-Based) Scholarship during the same school year
3. Remain in a Voluntary Prekindergarten Education Program during the same school year
4. Enroll in a school operating for the purpose of providing educational services to youth in the Department of Juvenile Justice commitment programs

BE SURE TO COMPLETE ALL PAGES OF THE APPLICATION, INCLUDING THE SIGNATURE PAGE.

Processing of applications is typically completed within 10-12 weeks once ALL required documentation is received. To check the processing status of your application, go to https://webportalapp.com/sp/aaasf_floridagardiner

Questions? Call 1-888-707-2465 or Email: AAAGardiner@aaascholarships.org

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IMPORTANT: Fill in the answers asked for in the blank spaces provided throughout this form; write N/A or 0 if items do not apply to you.
DO NOT LEAVE ANY BLANK SPACES.

A) PARENT/GUARDIAN "A" Living with the student **B) PARENT/GUARDIAN "B" Living with the student**

Parent A Last Name, First Name, Middle Initial:		Parent B Last Name, First Name, Middle Initial:	
Social Security Number	E-mail address (REQUIRED)	Social Security Number	E-mail address (REQUIRED)
Relationship to the student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other		Relationship to the student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other	
Home Phone Number	Cell Phone Number	Home Phone Number	Cell Phone Number
Home (Physical) Address, Apt. # (must be a street address, PO Box not acceptable)			
Home City, State, Zip		Home County	
Mailing Address (if different from above)			
Mailing City		Mailing State	Mailing Zip
Employed By	Work Phone	Employed By	Work Phone

C) STUDENT INFORMATION (Only one student per Gardiner scholarship application)

Student Last Name, First Name, Middle Initial:	
Date of Birth (MM/DD/YY) <i>Birth Certificate Required:</i>	
Student SS#:	Student Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Grade Level Student will be entering in August of 2019:	
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Mixed Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White, non-Hispanic
Select the disability for the student	<input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Down syndrome <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Phelan-McDermid <input type="checkbox"/> Prader-Willi syndrome <input type="checkbox"/> Spina bifida <input type="checkbox"/> Williams syndrome <input type="checkbox"/> 3 to 5 years old, being a High-Risk Child <input type="checkbox"/> Muscular dystrophy <input type="checkbox"/> Dual sensory impaired <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Deaf <input type="checkbox"/> Visually impaired <input type="checkbox"/> Traumatic brain injured <input type="checkbox"/> Rare disease <input type="checkbox"/> Hospital or homebound
Name of School attended 2018-2019:	School County:
Will you be requesting a new IEP in 2019-2020?: <input type="checkbox"/> Yes (you will be responsible to notify your local school district) <input type="checkbox"/> No	
Type of School attended in 2018-2019:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Home School <input type="checkbox"/> Charter <input type="checkbox"/> Virtual <input type="checkbox"/> Not Applicable
Type of Student:	<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Renewal
<small>(<u>New</u> means your child did not receive a Gardiner scholarship in 2018-19 for this student. <u>Transfer</u> means this student received funding from another Scholarship Organization in 2018-19. <u>Renewal</u> means your child received a Gardiner scholarship from AAA for this student in 2018-19.)</small>	

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D) NOTARIZED SWORN COMPLIANCE STATEMENT

I _____, the Parent/Guardian of _____, the Student, swear under oath and affirm that:

1. The student is enrolled in a program that meets regular school attendance requirements as provided in s. 1003.01(13)(b)-(d).
2. The program funds are used only for authorized purposes serving the student's educational needs, as described in s. 1002.385(5).
3. I am responsible for the education of my student by, as applicable:
 - a. Requiring the student to take an assessment in accordance with s. 1002.385(8)(c);
 - b. Providing an annual evaluation in accordance with s. 1002.41(1)(c); or
 - c. Requiring the child to take any pre- and post-assessments selected by the provider if the child is 4 years of age and is enrolled in a program provided by an eligible Voluntary Prekindergarten Education Program provider. A student with disabilities for whom a pre- and post-assessment is not appropriate is exempt from this requirement. A participating provider shall report a student's scores to the parent.
4. The student remains in good standing with the provider or school if those options are selected by me.
5. All the information provided in this application and all supporting documentation is true, correct and complete. I understand that intentional misrepresentation could result in the scholarship being denied or revoked.

In addition, I agree to and understand that:

- (a) I must file an application for initial program participation with an organization by the deadline dates.
- (b) I must notify the school district that the student is participating in the Gardiner Scholarship Program if I choose to enroll the student in a home education program as provided in s. 1002.41. This notification is not in lieu of the required notification I must submit to the district when establishing a home education program pursuant to s. 1002.41(1)(a).
- (c) I must enroll my child in a program from a Voluntary Prekindergarten Education Program provider authorized under s. 1002.55, a school readiness provider authorized under s. 1002.88, or an eligible private school if either option is selected by me.
- (d) I must annually renew participation in the program. Notwithstanding any changes to the student's IEP, a student who was previously eligible for participation in the program shall remain eligible to apply for renewal. However, for a high-risk child to continue to participate in the program in the school year after he or she reaches 6 years of age, the child's application for renewal of program participation must contain documentation that the child has a disability defined in s.1002.385 (2)(d) other than high-risk status.
- (e) I am responsible for procuring the services necessary to educate the student. If I do not procure the necessary educational services for the student and the student's account has been inactive for two consecutive fiscal years, the student is ineligible for additional scholarship payments until the scholarship-funding organization verifies that expenditures from the account have occurred. When the student receives a Gardiner Scholarship, the district school board is not obligated to provide the student with a free appropriate public education. For purposes of s. 1003.57 and the Individuals with Disabilities in Education Act, a participating student has only those rights that apply to all other unilaterally parentally placed students, except that, when requested by the parent, school district personnel must develop an individual education plan or matrix level of services.
- (f) I am responsible for the payment of all eligible expenses in excess of the amount of the Gardiner Scholarship in accordance with the terms agreed to between me and the providers.
- (g) I may not transfer any prepaid college plan or college savings plan funds contributed pursuant to s. 1002.385(5)(f) to another beneficiary while the plan contains funds contributed pursuant to this section.
- (h) I may not receive a payment, refund, or rebate from an approved provider of any services under this program.
- (i) I may not bill an insurance company, Medicaid, or any other agency for the same services that are paid through the Gardiner Scholarship.
- (j) I agree to follow the rules and responsibilities for parents as they apply to the program, as set forth in the AAA Parent & School Handbook available at www.aaascholarships.org/florida/parents.

If I fail to comply, I will forfeit the Gardiner Scholarship.

Signature of Parent

State of Florida, County of _____. Sworn and subscribed before me this _____ day of _____ 2019 by _____ who has produced _____ or who is personally known to me.

Notary Public Signature

Print Name

MY COMMISSION EXPIRES: _____ (Seal)

Mail All Pages of the Completed Application and Required Documentation to:

AAA Scholarship Foundation
P.O. Box 15719
Tampa, FL 33684-0719
Email: AAAGARDINER@aaascholarships.org

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E) HOW DID YOU HEAR ABOUT THIS AAA SCHOLARSHIP PROGRAM?

- | | | |
|--|--|---|
| <input type="checkbox"/> Renewing Household | <input type="checkbox"/> Flyer, brochure or poster | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> Another scholarship parent | <input type="checkbox"/> At an event in my community | <input type="checkbox"/> Social Media (Facebook, Twitter, etc.) |
| <input type="checkbox"/> Referred by friend, family or work associate not on scholarship | <input type="checkbox"/> Newspaper ad or article | <input type="checkbox"/> Employer communication |
| <input type="checkbox"/> Referred by private school | <input type="checkbox"/> State Agency | <input type="checkbox"/> Other: |

F) REQUIRED DOCUMENTATION CHECKLIST

- Letter from an eligible private school confirming enrollment **or** a current letter from a public school district verifying registration as a home education program **or** completed withdrawal form from the public school district
- Florida Individual Education Plan (IEP), if available
- Notarized Sworn Compliance Statement (see page 3 of application)
- Parent/Guardian's Florida Driver's License OR Current Florida Utility Bill in parent's name (REQUIRED FOR NEW and TRANSFER APPLICANTS ONLY)
- Student's Birth Certificate (REQUIRED FOR NEW and TRANSFER APPLICANTS ONLY)
- Prior School Year report card (for private or public school students) (REQUIRED FOR NEW and TRANSFER APPLICANTS ONLY)
- Licensed Physician/Florida Psychologist Diagnosis of Disability Form – See Page 5 (REQUIRED FOR NEW and TRANSFER APPLICANTS ONLY)

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Licensed Physician/Florida-Psychologist Diagnosis of Disability Form

Instructions: Please take this form to your child’s licensed physician or Florida-licensed psychologist and have them check one or more of the following disabilities that pertain to your child (as defined below) then have them sign and date the bottom of the form. **This Form is Required for New and Transfer Applicants Only.**

- Autism Spectrum Disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association.
- Down syndrome, as defined in s.393.063(13), “Down syndrome” means a disorder caused by the presence of an extra chromosome 21.
- Cerebral palsy, as defined in s.393.063(4), “Cerebral palsy” means a group of disabling symptoms of extended duration which results from damage to the developing brain that may occur before, during, or after birth and that results in the loss or impairment of control over voluntary muscles. For the purposes of this definition, cerebral palsy does not include those symptoms or impairments resulting solely from a stroke.
- Intellectual disability, as defined in s.393.063(21), “Intellectual disability” means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior which manifests before the age of 18 and can reasonably be expected to continue indefinitely.
- Phelan-McDermid syndrome, as defined in s.393.063(28) “Phelan-McDermid syndrome” means a disorder caused by the loss of a terminal segment of the long arm of chromosome 22, which occurs near the end of the chromosome at a location designated q13.3, typically leading to developmental delay, intellectual disability, dolichocephaly, hypotonia, or absent or delayed speech.
- Prader-Willi syndrome, as defined in s.393.063(25), “Prader-Willi syndrome” means an inherited condition typified by neonatal hypotonia with failure to thrive, hyperphagia or an excessive drive to eat which leads to obesity usually at 18 to 36 months of age, mild to moderate intellectual disability, hypogonadism, short stature, mild facial dysmorphism, and a characteristic neurobehavior.
- Spina bifida, as defined in s.393.063(36), “Spina bifida” means, for purposes of this chapter, a person with a medical diagnosis of spina bifida cystic or myelomeningocele.
- For a 3-5-year-old, being a high-risk child as defined in s. 393.063(23).
- Williams syndrome
- Muscular dystrophy
- Dual sensory impaired
- Anaphylaxis
- Deaf
- Visually impaired
- Traumatic brain injured
- Rare diseases which affect patient populations of fewer than 200,000 individuals in the United States, as defined by the National Organization for Rare Disorders.
- Hospital or homebound, as defined by rules of the State Board of Education and evidenced by reports from local school districts. The term "hospital or homebound" includes a student who has a medically diagnosed physical or psychiatric condition or illness, as defined by the state board in rule, and who is confined to the home or hospital for more than 6 months.
- NONE OF THE ABOVE

FOR LICENSED PHYSICIAN/FLORIDA-LICENSED PSYCHOLOGIST ONLY

I confirm that _____ (student name) has been diagnosed by me with the defined disability above.

Physician Signature:	Physician Printed Name:
Physician Address:	Date Signed:
Medical ID Number:	State Where Licensed:

Mail or Email this Form along with the Completed Application and Required Documents to:

**AAA Scholarship Foundation
P.O. Box 15719
Tampa, FL 33684-0719**

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