Florida Gardiner Scholarship Program
Application for School Year 2020-2021

(Deadline to apply posted at www.aaascholarships.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, 2020?
   □ Yes, my Florida student will be 3 or 4 years old on or before September 1, 2020. Please continue to question #4.
   □ No, my Florida student will be at least 5 years old on or before September 1, 2020. 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 2020-2021 AAA scholarship.

3.) Will your student be the required age to attend Kindergarten through 12th grade on or before September 1, 2020?
   □ Yes, my Florida student will be at least 5 years old but not older than 21 years old on September 1, 2020. 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 2020-2021 AAA scholarship.

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

   □ 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 2020-2021 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 2020-2021 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

Questions? Call 1-888-707-2465 or Email: AAAGardiner@aaascholarships.org
C) STUDENT INFORMATION (Only one student per Gardiner scholarship application)

Student Last Name, First Name, Middle Initial:

Date of Birth (MM/DD/YY) Birth Certificate Required:

Student SS#:  

Grade Level Student will be entering in August of 2020:

Race:  

Select the disability for the student  

Name of School attended 2019-2020:  

School County:

Will you be requesting a new IEP in 2020-2021?:  

Type of School attended in 2019-2020:  

Type of Student:  

(New means your child did not receive a Gardiner scholarship in 2019-20 for this student. Transfer means this student received funding from another Scholarship Organization in 2019-20. Renewal means your child received a Gardiner scholarship from AAA for this student in 2019-20.)

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_20

Questions? Call 1-888-707-2465 or Email: AAAGardiner@aaascholarships.org
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.
(k) I may not sale for personal gain any products purchased by the Gardiner Scholarship Program.

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

Signature of Parent

State of Florida, County of __________________________. Sworn and subscribed before me by means of [ ] physical presence or [ ] online notarization this _____ day of ____________, 2020 by ____________________________ who has produced ____________________________ or who is personally known to me.

__________________________
Notary Public Signature

__________________________
Print Name

MY COMMISSION EXPIRES: ___________________________ (Seal)
E) HOW DID YOU HEAR ABOUT THIS AAA SCHOLARSHIP PROGRAM?

☐ Renewing Household  ☐ Flyer, brochure or poster  ☐ Internet Search
☐ Another scholarship parent  ☐ At an event in my community  ☐ Social Media (Facebook, Twitter, etc.)
☐ Referred by friend, family or work associate not on scholarship  ☐ Newspaper ad or article  ☐ Employer communication
☐ Referred by private school  ☐ State Agency  ☐ 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 (one of these three documents is required for ALL applicants)

☐ Notarized Sworn Compliance Statement (see page 3 of application) (Required for ALL)

☐ Parent/Guardian’s Valid Florida Driver’s License OR Current Florida Utility Bill in parent’s name and address that matches mailing address on application. (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)

☐ Florida Individual Education Plan (IEP), if available

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

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

Email: app3@aaascholarships.org 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_20

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


☐ 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. NAME OF RARE DISEASE (REQUIRED): __________________________

☐ 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.

<table>
<thead>
<tr>
<th>Physician Signature:</th>
<th>Physician Printed Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician Address:</th>
<th>Date Signed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical ID Number:</th>
<th>State Where Licensed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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
Email: AAAGardiner@aaascholarships.org