



Family Empowerment Scholarship for Students with Unique Abilities (Formerly Gardiner Scholarship Program)

Add-on Student Application for School Year 2021-2022

A recent law change allows your household to “Add-On” children without eligible disabilities to be added to your household’s existing Family Empowerment Scholarship that will help pay for tuition and fees while they are enrolled in an eligible private school only.

Because your original application has already been submitted, we will need you to complete this separate “Add-on” application for any children living in your household that you would like to “Add-on”. If you do not have any “Add-on” students, please disregard this form.

ALL pages of this application along with required documentation must be completed and returned to AAA Scholarship Foundation (AAA) by the deadline listed on the AAA Scholarship Foundation website at <https://www.aaascholarships.org/parents/florida/>

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

1. Is your add-on student entering K through 12th grade in Florida and enrolling into an eligible private school for 2021-2022 school year?

- Yes, my add-on student is entering K through 12th grade in Florida and enrolling into an eligible private school for 2021-2022 school year. Please continue to question #2.
- No, my add-on student will NOT be entering those grades in an eligible private school for 2021-2022 school year. STOP – your add-on student does not qualify to receive an AAA scholarship.

2. Will your add-on student be between the required ages for Florida on or before September 1, 2021? (Copy of Birth Certificate is required for your application to be processed.)

- Yes, my Florida add-on student will be at least 5 years of age but not older than 21 years of age on September 1, 2021. Please continue to #3.
- No, my add-on student will not meet the age requirements in Florida. STOP – your add-on student does not qualify to receive an AAA scholarship.

3. Will your add-on student be transferring their scholarship to AAA from another Scholarship Funding Organization (SFO) or the FL DOE?

- Yes, my add-on student received a scholarship from another SFO or the FL DOE for the 2020-21 school year (a *Certificate of Eligibility to Transfer Form* is required in order for this application to be processed. See attached *Certificate of Eligibility to Transfer form*). Please continue to #4.
- No, my add-on student is not a student transfer. My add-on student is a sibling add-on. (Do not complete the attached *Certificate of Eligibility to Transfer form*.) Please continue to #4.

4. Is your household/add-on student otherwise eligible?

- Yes, neither my household nor my add-on student has been disqualified from any scholarship program for any reason, including an internal audit process. Please continue to the next page to complete the application.
- No, my household or my add-on student has been disqualified from a scholarship program for any reason, including an internal audit process in the past. STOP – your add-on student does not qualify for an AAA scholarship.

Return all pages of the completed application and required supporting documents to AAA:

- Email pdf: plsa@aaascholarships.org or
- Fax: 1-888-707-2465 or
- Mail: AAA Scholarships - P.O. Box 15719, Tampa, FL 33684-5719

Must be postmarked (if mailed) or received by AAA (if faxed or emailed) by the deadline on the AAA website.

Household Information

1. PARENT/GUARDIAN "A" on the original scholarship application

Name: _____

2. PARENT/GUARDIAN "B" on the original scholarship application

Name: _____

3. Household Physical Address:

4. Household District/County: _____

5. Household Mailing Address:

6. Parent A Social Security Number: _____

7. Parent A Cell Phone Number: _____

8. Parent A Email Address: _____

**Return all pages of the Completed Application and Required Supporting Documents to
AAA Scholarship Foundation by Email, Fax, or Mail**

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Add-On Student Information

For additional students, make a copy of this page before completing or answer every question on an additional sheet of paper.

Student #1 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
Student Relationship to Parent/Guardian A: <input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other (Explain)_____	
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	
Grade Level Student will be entering in August of 2021:	
Name of School attended 2020-2021:	
School District / County of school attended in 2020-2021:	
Type of School attended in 2020-2021: <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	
Does this student receive any of the following?: <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> FDPIR <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> ESE <input type="checkbox"/> Title 1	

Student #2 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
Student Relationship to Parent/Guardian A: <input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other (Explain)_____	
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	
Grade Level Student will be entering in August of 2021:	
Name of School attended 2020-2021:	
School District / County of school attended in 2020-2021:	
Type of School attended in 2020-2021: <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	
Does this student receive any of the following?: <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> FDPIR <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> ESE <input type="checkbox"/> Title 1	

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Certification, Authorization and Documentation Checklist

- ✓ I certify that the information provided on the application and all supporting documentation submitted at any time is true, correct and complete to the best of my knowledge. I understand that if I give information that is not true or if I withhold information and my student(s) receive a scholarship for which they are not eligible, I can be lawfully punished for fraud and the scholarship will be denied or revoked.
- ✓ I certify that no parent/guardian of a student on this application is an owner, operator, principal or person with equivalent decision making authority of an eligible private school or not at the school which my student will attend.
- ✓ I understand that any information I provide at any time will be verified, which may include computer file matching, public records search, IRS transcripts and that I may be required to provide other information and/or documentation.
- ✓ I authorize the release of personal, financial and educational information for the purpose of determining eligibility and for research.
- ✓ I understand that AAA Scholarship Foundation does not discriminate because of race, color, sex, age, disability, religion, nationality or political belief.
- ✓ I authorize AAA Scholarship Foundation to make this form and the information therein available to the appropriate state agencies as required by the law governing the scholarships.
- ✓ I agree to follow the rules and responsibilities as they apply to the program as set forth in the Parent and School Handbook, available online at www.aaascholarships.org.
- ✓ I understand if I am deemed eligible and am awarded a scholarship, that I am not automatically entitled to a scholarship in following years.
- ✓ I understand that it is my responsibility to notify my child's public school district if I intend to withdraw him/her.
- ✓ I understand that it is my responsibility to reapply and document my eligibility whenever I am required to if I accept a scholarship.
- ✓ I understand if I enroll my student(s) into a private school before receipt of a Scholarship Award Letter and School Commitment Form (SCF), I will be responsible for their tuition and the student(s) may not qualify for future scholarship funding. I understand funding is not guaranteed.
- ✓ I understand that it is my right and responsibility to read and understand a private school's admission and conduct policy before requesting to enroll my child(ren) into an eligible private school.
- ✓ I consent and agree that AAA Scholarship Foundation may obtain my child's free and reduced price meal and free milk eligibility information for the purpose of helping to determine my child's eligibility for the Florida Tax Credit Scholarship Program. I understand that this information will not be shared with any other entity or program. In addition, I may limit my consent to only those programs with which I wish to share this information.

Signatures (E-Signatures not accepted):

Parent/Guardian A: _____ Date: _____

Parent/Guardian B: _____ Date: _____

The following **MUST** be included with the completed Student Add-On Request Application:

- Birth Certificate for each Add-On Student
- Documented proof of where each Add-on Student resides
- Certificate of Eligibility to Transfer, if required (enclosed)

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PARENT/GUARDIAN A Name: _____ Household ID# _____

Florida Certificate of Eligibility to Transfer

This form is required if you wish to transfer your child(ren)'s Florida scholarship to AAA.

- 1) Fill out this form with the name(s) of the child(ren) whose scholarship(s) you are transferring and then sign where indicated. Print additional copies of this form if you have more than two children.
- 2) AAA will send the completed and signed form to your child's school to confirm that the scholarships are eligible for transfer to AAA and to release last school year's scholarship payment data to AAA.

I/We _____ (print Parent name) give _____
_____ (print name of school) permission to release information about
my child(ren)'s scholarship history to AAA Scholarship Foundation.

Transferring Student #1 Name: _____

Transferring Student #2 Name: _____

Parent or guardian signature Date signed

****THIS SECTION TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE SCHOOL ONLY****

DID STUDENT #1 RECEIVE SCHOLARSHIP FUNDING LAST SCHOOL YEAR? YES _____ NO _____

FOR WHAT TYPE OF SCHOLARSHIP DID THE STUDENT RECEIVE FUNDING? _____

AMOUNT FUNDED LAST SCHOOL YEAR: _____

INDICATE WHETHER THE FUNDING WAS RECEIVED FROM FL DOE _____ OR STEP UP FOR STUDENTS _____

DID STUDENT #2 RECEIVE SCHOLARSHIP FUNDING LAST SCHOOL YEAR? YES _____ NO _____

FOR WHAT TYPE OF SCHOLARSHIP DID THE STUDENT RECEIVE FUNDING? _____

AMOUNT FUNDED LAST SCHOOL YEAR: _____

INDICATE WHETHER THE FUNDING WAS RECEIVED FROM FL DOE _____ OR STEP UP FOR STUDENTS _____

This certifies that the information provided above is true and correct to the best of my knowledge.

Printed Name of Authorized Representative Completing Form

Title

Signature of Authorized Representative Completing Form

Date Signed

**Submit Form along with All Pages of the Completed Application and Required Documentation to:
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