



Resources for Exceptional Education Defense Scholarship (REED) is a sponsored project of Arizona Exceptional Students Association (AESA), a registered 501(c)(3) organization. Tax ID: 83-2054691. REED mission is to provide financial support to families in need with children in special education who require legal assistance in supporting their child's right to a free and appropriate public education.

Scholarship Application

- Resources for Exceptional Education Defense (REED) accepts applications for scholarships on a rolling basis throughout the year. Families must submit applications and all supporting documentation in order for their scholarship application to be considered.
- Families applying for a scholarship from REED must agree to an interview conducted by a member of AESA's Scholarship Review Committee.
- AESA will pay providers directly for services rendered to scholarship applicants. No scholarships will exceed \$3000. Applicants may not request additional funding if legal expenses exceed the original estimate.
- Attorneys contracted by families supported by a REED Scholarship must meet AESA's professional requirements. For a list of requirements, please refer to our website www.reedscholarship.group in "FAQs."
- AESA does not make recommendations for specific attorneys to applicant families. It is the applicant's responsibility to secure legal representation and to ensure that legal representation meets AESA's attorney requirements (see above).
- AESA will not negotiate legal fees with an attorney on behalf of a qualified applicant family.
- Families receiving a REED Scholarship agree to notify AESA of the results, financial or otherwise, of their legal action. AESA requests and maintains this information on a confidential basis for tracking results over time.
- Families receiving a REED Scholarship agree to provide follow-up data on a confidential basis on their child's social and educational process for three years after receiving the grant.
- If approved, scholarship recipients will be notified by phone or email.
- NOTE: All information will be kept strictly confidential.

Please mail the completed application and all supporting materials

to: Arizona Exceptional Students Association

Attn: Scholarship Review Committee

2925 N. 52nd Dr.

Phoenix, AZ 85031

Or email to john@aesa.group

DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD RECEIVE ANY FORM OF GOVERNMENT ASSISTANCE?
THIS INCLUDES MEDICAID, SNAP, WIC, ETC. (CIRCLE) YES NO

IF YES, PLEASE DESCRIBE. ATTACH SUPPORTING DOCUMENTATION.

WHAT WAS YOUR GROSS INCOME ON YOUR LAST TAX RETURN? _____
PLEASE ATTACH MOST RECENT TAX RETURN.

HAVE YOU DONATED MONEY TO ARIZONA EXCEPTIONAL STUDENTS ASSOCIATION (CIRCLE) YES NO

DO YOU OWN A SECOND HOME? (CIRCLE) YES NO

PARENT 2 NAME: _____

RELATIONSHIP TO CHILD (CIRCLE): MOTHER FATHER STEPMOTHER STEPFATHER
SIBLING GRANDPARENT OTHER

STREET ADDRESS 1: _____

STREET ADDRESS 2: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

EMAIL: _____

I PREFER TO BE CONTACTED BY (CIRCLE): HOME WORK CELL EMAIL

ARE YOU EMPLOYED? (CIRCLE): YES NO

OCCUPATION: _____

Parent 1 Name: _____

Parent 1 Signature : _____

Parent 2 Name: _____

Parent 2 Signature: _____

General Release

I/We certify that the statements provided in this application and supporting documentation are truthful and correct, to the best of our knowledge and ability. I/We wish to participate in the program provided by Arizona Exceptional Students Association. I/We understand that participating in this program is purely voluntary and the scholarships are provided by Arizona Exceptional Students Association in furtherance of its mission to level the playing field in special education for all families by providing financial support for families in need seeking special education legal assistance to support their child's rights under the Individuals with Disabilities Education Act.

I/We agree to disclose the results of any legal action funded in whole or in part by Arizona Exceptional Students Association through its scholarship program to Arizona Exceptional Students Association. This information will be maintained on an anonymous basis and will be used by Arizona Exceptional Students Association to evaluate the efficacy of the scholarship's selection process. I/We agree to provide data on our child's progress to Arizona Exceptional Students Association for three years following the receipt of the initial and any subsequent scholarships. This information will be maintained anonymously and will be used by Arizona Exceptional Students Association to evaluate the efficacy of the scholarship's selection process. I/we hereby release, discharge, indemnify, and agree to hold harmless Arizona Exceptional Students Association, its officers, directors, agents, sponsors, attorneys, medical advisors, employees, and volunteers from all claims, demands, causes of action, present or future, whether known, anticipated or unanticipated, resulting from, arising out of, or incident to our participation in the programs or benefits provided by Arizona Exceptional Students Association

Printed Name: _____

Signature: _____

Date: _____

Printed Name: _____

Signature: _____

Date: _____

SCHOLARSHIP APPLICATION CHECKLIST

- SIGNED COMPLETED APPLICATION
- CHILD'S INDIVIDUALIZED EDUCATION PLAN (I.E.P.)
- CHILD'S EVALUATION
- INVOICE OR ESTIMATE FOR LEGAL SERVICES
- SUMMARY TAX RETURN/PROOF OF INCOME
- VERIFICATION OF GOVERNMENT ASSISTANCE
- SIGNED GENERAL RELEASE