



Thank you for your interest in applying for a
2015-16 Florida Personal Learning Scholarship Account (PLSA)

Before you apply, please review the following important information:

a) This application is for students who have either never had a PLSA before or who would like to transfer their existing PLSA from Step Up For Students.

b) The PLSA is for Florida students in Kindergarten through 12th grade with one of the following disabilities:

1. **Autism**, as defined in s.393.063(3), "Autism" means a pervasive, neurologically based developmental disability of extended duration which causes severe learning, communication, and behavior disorders with age of onset during infancy or childhood. Individuals with autism exhibit impairment in reciprocal social interaction, impairment in verbal and nonverbal communication and imaginative ability, and a markedly restricted repertoire of activities and interests.
2. **Down syndrome**, as defined in s.393.063(13), "Down syndrome" means a disorder caused by the presence of an extra chromosome 21.
3. **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.
4. **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. For the purposes of this definition, the term: (a) "Adaptive behavior" means the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected of his or her age, cultural group, and community; (b) "Significantly sub-average general intellectual functioning" means performance that is two or more standard deviations from the mean score on a standardized intelligence test specified in the rules of the agency.
5. **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.
6. **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 cystica or myelomeningocele.
7. **For a student in kindergarten, being a high-risk child**, as defined in s. 393.063(20)(a), "High-risk child" means, for the purposes of this chapter, a child from 3 to 5 years of age with a developmental delay in cognition, language, or physical development.
8. **Williams syndrome**

In order to qualify for the PLSA:

- A student entering kindergarten must be 5 years old on or before September 1st, or
- A student entering 1st grade must be 6 years old on or before September 1st, and
- You must be a Florida resident, and
- A student must have a written diagnosis from a licensed physician or psychologist that matches the definitions listed on page 1, and
- The student may be enrolled in a private school or a home education program.

A student may not receive a PLSA and:

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

The student is not eligible for a PLSA if the student or student's parent has accepted any payment, refund, or rebate from a provider of any services for the PLSA program.

If you believe that you and your student meet the above requirements, please continue to the next page for the application and instructions.

2015-16 FLORIDA PERSONAL LEARNING SCHOLARSHIP ACCOUNT APPLICATION

INSTRUCTIONS: Please complete this entire form then print, sign and mail it along with the documents listed below to: AAA Scholarships, Attn: PLSA Department, PO Box 15719, Tampa, FL 33684-0719 (mail), 888-707-2465 (fax) or plsa@aaascholarships.org (email).

Documentation required to be mailed with completed and signed application:

- Florida Doctor's Written Diagnosis (see page 7), and
- Parent/Guardian's Florida Driver's License OR Current Florida Utility Bill, and
- Student's Birth Certificate, and
- Notarized Sworn Compliance Statement (see page 6), and
- Prior School Year or Year-to-Date report card (for private or public school students), or
- Letter from the public school district verifying registration in a home education program and
- Florida Individual Education Plan (IEP), if available

Scholarships are awarded on a first-completed, first-awarded basis.



STUDENT PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

PHYSICAL STREET
ADDRESS:

CITY:

COUNTY:

STATE:

ZIP CODE:

GENDER:

GRADE (2015-16):

SOCIAL SECURITY
NUMBER:

DATE OF BIRTH:

RACE:

Will the student be
transferring an existing
PLSA from Step Up For
Students?

Yes
No

If Yes, what is
the balance in
the account that
will be
transferred?



PARENT/GUARDIAN PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

PHYSICAL STREET
ADDRESS:

CITY:

STATE:

ZIP CODE:

MAILING STREET
ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE NUMBER:

RELATIONSHIP TO
STUDENT:



DISABILITY

Does your child have an
IEP?

Yes
No

If no, will you be requesting
one?

Yes
No

Select the disability for
which your child has
written diagnosis from a
licensed physician or
psychologist:

2014 - 2015 SCHOOL ATTENDANCE INFORMATION

NAME OF SCHOOL:

COUNTY:

STATE:

ZIP CODE:

FIRST ATTENDED:

LAST ATTENDED:

TYPE OF SCHOOL:

Will the student register as a Home Education student or attend a Private School for the 2015 - 2016 school year?

PARENT CERTIFICATION AND SIGNATURE

I certify that 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.

YES
NO

I agree to follow the rules and responsibilities for parents as they apply to the program.

YES
NO

PARENT SIGNATURE

DATE SIGNED

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If you have questions about this application, call us at 888-707-2465, ext 715.

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) through (d).
 2. The Florida Personal Learning Scholarship Account ("PLSA") funds received for the student will be used only for authorized purposes, as described in subsection (5) of s. 1002.385.
 3. The student will take all appropriate standardized assessments as specified in s. 1002.385(11):
 - a. If the parent enrolls the student in an eligible private school, the student will take an assessment selected by the private school pursuant to s. 1002.395(7)(e).
 - b. If the parent enrolls the student in a home education program, the parent may choose to participate in an assessment as part of the annual evaluation provided for in s. 1002.41(1)(c).
 4. I will notify the school district that the student is participating in the PLSA if I choose to enroll in a home education program as provided in s. 1002.41.
 5. I will request participation in the program by the date established by the eligible nonprofit scholarship-funding organization.
 6. I affirm that the student remains in good standing with the provider or school if I choose those options.
 7. I will apply for admission for my student if I select to enroll him/her in a private school.
 8. I will 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 as provided in subsection (6) of s. 1002.385.
 9. I will not transfer any college savings funds to another beneficiary.
 10. I will not take possession of any funding provided by the state for the PLSA.
 11. I will maintain a portfolio of records and materials which must be preserved for 2 years and make the portfolio available for inspection by the district school superintendent or the superintendent's designee upon 15 days' written notice. The portfolio of records and materials must consist of:
 - a. A log of educational instruction and services which is made contemporaneously with delivery of the instruction and services and which designates by title any reading materials used; and
 - b. Samples of any writings, worksheets, workbooks, or creative materials used or developed by the student.
- In addition, I agree to and understand that:
1. I am responsible for procuring the services necessary to educate the student.
 2. If the student receives a PLSA, the district school board is not obligated to provide the student with a free appropriate public education.
 3. 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.
 4. I am responsible for the payment of all eligible expenses in excess of the amount of the PLSA in accordance with the terms agreed to between the parent and the providers.
 5. If I fail to comply with this subsection, I will forfeit the PLSA.

Signature of Parent

State of Florida, County of _____

Sworn to and subscribed before me this _____ day of _____, 2015 by _____, who has produced _____ as identification or who is personally known to me.

Notary Public

Print Name

MY COMMISSION EXPIRES: _____
(Seal)

Florida Licensed Physician/Psychologist Diagnosis of Disability Form
(According to the definitions provided by Florida Statute 393.063)

Instructions: Please take this form to your child's physician or 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. Return the completed form to AAA Scholarships to complete your application.

Autism, as defined in s.393.063(3), "Autism" means a pervasive, neurologically based developmental disability of extended duration which causes severe learning, communication, and behavior disorders with age of onset during infancy or childhood. Individuals with autism exhibit impairment in reciprocal social interaction, impairment in verbal and nonverbal communication and imaginative ability, and a markedly restricted repertoire of activities and interests

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Williams syndrome

NONE OF THE ABOVE

*****FOR FLORIDA LICENSED PHYSICIAN/PSYCHOLOGIST ONLY*****

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

Physician Signature: _____

Physician's Printed Name: _____

Physician's Address: _____

Date Signed: _____