Tom Horne
Superintendent of
Public Instruction

Certificate of Eligibility
Renewal/Enrollment Information
Robert C. Byrd Honors Scholarship

State of Arizona
Department of Education

In order to qualify for your Robert C. Byrd Honors Scholarship, the Arizona Department of Education requires the following information:

1. I expect to continue full-time enrollment at an Institution of Higher Education (IHE) for the upcoming Academic Year.
2. I certify that I am presently in good academic standing at the IHE that I am attending. (Full time status and meeting a cumulative grade point average of least 3.00)
3. If I change institutions, I will ensure the school is an approved IHE by notifying the Arizona Department of Educations Robert C. Byrd Scholarship Coordinator. This notice will be in writing and contain verification of enrollment for the upcoming semester. Additionally, I understand if I change institutions after a check has been issued I must wait until the Arizona Department of Education receives those funds before I will be issued a check at my new school. I also understand the Department of Education is not responsible for any late fees that occur due to this change.
4. If I change my mailing address, phone number, email address or name, I understand I must notify the Arizona Department of Education Robert C. Byrd Scholarship Coordinator. This notification must be in writing. If I have not received a confirmation notice of the change I must assume the change has not occurred and it is my responsibility to follow up with the Robert C. Byrd Scholarship Coordinator.
5. I understand in order to have my scholarship renewed I must have my enrollment verification into the Arizona Department of Education Robert C. Byrd Scholarship Coordinator by June 30th of each year. If the information is not received I understand I relinquish my status as a recipient and will be placed on the "alternate" status list.
6. I understand if I am in need of a deferment I will follow the necessary guidelines and file the proper paperwork available on the web site: www.ade.az.gov/byrd . Failure to comply with this will result in the loss of my status as a recipient and I will be placed on the "alternate" list.
7. I certify that I understand the regulation which states my Robert C. Byrd Honors Scholarship when combined with other forms of financial assistance, cannot exceed the total cost of attendance for one year of study.
8. I understand due to the *Family Educational Rights Privacy Act*, I must grant permission to my parents to access my scholarship information by filling out the "Consent to Release Information Form" at www.ade.az.gov/byrd .

Recipient's Name (Please Print Clearly): _____

Recipient's Signature: _____

Year of Recipient's High School Graduation: _____ Name of IHE: _____

Please email, fax or mail this form to the address below:

Arizona Department of Education
Robert C. Byrd Scholarship Coordinator
1535 West Jefferson Street, Bin #22
Phoenix, AZ 85007
Fax: 602.364.1532

Print Form