

Educational Scholarship Account (ESA)

For Office Use Only	
Date Received:	
Received by:	

Recertification Form

2020 -2021 School Year

This form will be used to recertify the 2019 – 2020 ESA recipients. By completing this form, you acknowledge that your student received the ESA scholarship last year. Please indicate your plans for participation by completing the information below:

Did you receive the ESA Scholarship for the 2019 – 2020 School Year? YES NO Please enter your Assigned ESA student number.			
Parent Name			
Full Address			
Phone	,	E-mail Address	
Student Name			
Please complete the applicable information below			
ESA for th	nt will not participate in the ne 2020 -2021 school year. icate the reason.	Returned toPublic School Transferred to a Non-Qualifying School Graduated from High School Will Reach Age 21 as of September 2021 Other	
My student will participate in the ESA for the 2020 -2021 school year. Please indicate the reason.		My student will attend eligible non-public school. I have not determined which school my student will attend	
I submitted reimbursement request for the 2019 – 2020 school year.			
I did not submit reimbursement request for the 2019 – 2020 school year. Please indicate why.			

Please be advised if you do not choose to use your ESA during the 2020 - 2021 school year, funds will be returned to the State's general fund and you will lose your scholarship funding. Please complete this form and either mail or fax it within 10 days of receipt of this letter.

FAX Applications to: Attention ESA, (601) 359 - 2198 **Mail to:** Mississippi Department of Education **OR** Office of Special Education Attention: Education Scholarship Account

P.O. Box 771

Jackson, Mississippi 39205-0771