



**Alternative Schools Scholarship
Fund, Inc.**

510 South Highland Avenue
Tucson, Arizona 85719
(520) 623-0104
Fax (520) 903-1318

**School Tuition Organization
Tax Credit Form**

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

Social Security Number (optional) _____

Allocate my support to the following school(s)

School _____

Amount \$ _____

Please fill out this form and submit it to the main office along with your tax credit contribution.