

SCHOLARSHIP ORGANIZATION REGISTRATION



Scholarship Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Primary Contact: _____ Title: _____

Email: _____

Secondary Contact: _____ Title: _____

Email: _____

Web address: _____

List all members of your Board of Directors:

Our fiscal Year Period is: July 1 – June 30, Other:

Attached is a copy of our current tax-exempt status documentation from IRS. The expiration date has been highlighted.

Attached is evidence that proves our organization is registered with the Nevada Secretary of State.

Attached is an affidavit, signed by our CEO or president/chairman of the board of directors under penalty of perjury that states no member of our board of directors and no employee of our organization has been convicted of a felony or has declared bankruptcy in the last seven years, and that no member of our board or any employee operates any private school in Nevada that is registered to receive grants pursuant to The Nevada Educational Choice Scholarship Program.

Signature Date Printed name & title of signer

Return To:

Nevada Department of Education
755 N. Roop St. Suite 201
Carson City, NV 89701

7/01/15

Affidavit of _____

State of:

County of:

The undersigned, _____, being duly sworn, hereby
deposed and says:

I am the CEO President/Chairman of the Board of Directors of _____.

No member of the Board of Directors of _____ and no employee of
our organization has been convicted of a felony or has declared bankruptcy in the last seven years.

No member of our Board of Directors no employee of our organization owns or operates
any private school in this state that is registered or will be registered to receive grants
pursuant to the program – *The Nevada Educational Choice Scholarship Program*.

I declare that, to the best of my knowledge and belief the information herein is true,
correct and complete.

Executed this _____ day of _____, 20 _____.

Printed name: _____ Signature: _____

Notary
Acknowledgement

State of _____, County of _____, ss:



Notary Stamp

Notary Public

My Commission expires

Return To:

Nevada Department of Education
755 N. Roop St. Suite 201
Carson City, NV 89701

7/01/15