



ARIZONA PRIVATE EDUCATION SCHOLARSHIP FUND, INC.

Arizona School Tuition Organization since 1998

Refund Request

A contribution to a 501(c)(3) nonprofit (like APESF) is irrevocable and immediately tax-deductible, subject to any applicable limitations on charitable contributions and itemized deductions. State and Federal law prohibit a donor from making a contribution contingent upon APESF making an award to a specific individual. If you contributed in error, please complete the below form in its entirety within 10 days of your contribution. We will review your refund request, and you will be notified by email regarding the decision.

Please submit this form via email to helpdesk@apesf.org or via fax to 480.646.3196.

Donor Name:

Donor Email:

Transaction Date:

Receipt Number:

Reason for refund request: (Please check one.)

Duplicate Contribution – A single transaction was processed more than one time.

Misunderstanding of Tax Credit Program – The donor did not understand that he/she must have an Arizona State tax liability in order to take a dollar-for-dollar State tax credit AND the donor does not expect to have a State tax liability for the next five years.

Incorrect Method of Payment – The contribution was made with a check or credit card that is not tied to the donor's personal account(s).

Contingent Contribution – The donor's contribution was contingent upon APESF making an award to a specific student for the amount of the contribution and the donor did not understand that, by law, a donor cannot make a contingent contribution under the program.

Other – Please specify:

Please note that student recommendations are non-binding, and scholarship awards are based on many factors, which may include recommendations. The fact that a particular student may not have benefited from your contribution is not a basis for a refund.

Amount of refund request:

Please acknowledge the following by initialing.

I have not claimed and will not claim the above-listed contribution on my State taxes for a tax credit if this refund is approved.

I have not claimed and will not claim the above-listed contribution on my Federal taxes for a tax deduction if this refund is approved.

Signature:

Date:

For Office Use Only (*This form to be attached to transaction record.)

Date received:

Initials of Staff Member:

Determination (approved or rejected):

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