

EDCHOICE SCHOLARSHIP PROGRAM  
2018-2019 REQUEST FORM

STUDENT INFORMATION	***Please use Birth Certificate for student data***	
	NAME: _____ (First) (Middle) (Last)	
	DATE OF BIRTH: _____	GRADE LEVEL on January 1, 2018: _____
	GENDER: Female _____ Male _____	CITY OF BIRTH: _____
	LAST FOUR DIGITS SS#: _____	MOTHER'S MAIDEN NAME _____
	NATIVE LANGUAGE: _____	ETHNICITY: _____
	HAS THIS CHILD EVER ATTENDED AN OHIO PUBLIC SCHOOL? IF SO, WHERE: District _____, Building _____, Year _____	

Guardian Signing Scholarship Checks	
<input type="radio"/> Natural Parent <input type="radio"/> Legal Guardian of student applying for scholarship funds (court documents required) <input type="radio"/> Adoptive Parent <input type="radio"/> Student is at least eighteen years of age <input type="radio"/> Residential Parent	
I am the (check one)	
PARENT/GUARDIAN	NAME: _____ (First) (Middle) (Last)
	DATE OF BIRTH: _____ LAST FOUR DIGITS SS#: _____
	PHYSICAL ADDRESS: _____
	CITY, STATE, ZIP: _____ COUNTY: _____
	PHONE: _____ E-MAIL: _____
	RELATIONSHIP TO STUDENT: _____

SECONDARY PARENT/GUARDIAN	NAME: _____ (First) (Middle) (Last)
	DATE OF BIRTH: _____ LAST FOUR DIGITS SS#: _____
	PHYSICAL ADDRESS: _____
	CITY, STATE, ZIP: _____ COUNTY: _____
	PHONE: _____ E-MAIL: _____
	RELATIONSHIP TO STUDENT: _____

***ATTENTION EXPANSION APPLICANTS: INCOME VERIFICATION MUST BE COMPLETED TO APPLY FOR THE EDCHOICE EXPANSION SCHOLARSHIP***	
INCOME	By checking below, you are indicating you will complete the income verification process. Please obtain the Income Verification Form from the school <b>OR</b> from the EdChoice website: <a href="http://www.education.ohio.gov/edchoice">www.education.ohio.gov/edchoice</a> .
	<input type="checkbox"/> YES, I believe that I qualify for low income status. I will submit a completed Income Verification Form and supporting documents to the EdChoice Office listed on the form. <input type="checkbox"/> NO, I am not interested in applying for low income status. I either: 1) do not qualify for low income status or 2) do not want my income verified by the program.

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Information below **MUST** be completed to determine eligibility. My student is **CURRENTLY** attending a (check **ONLY** one and enter the school name).

SCHOOL INFORMATION	<input type="checkbox"/> Public School _____
	<input type="checkbox"/> Charter/Community School _____
	<input type="checkbox"/> Private School _____
	<input type="checkbox"/> Home Schooled (Never attend an Ohio School) _____
	<input type="checkbox"/> New to Ohio _____
	<input type="checkbox"/> Pre-School _____
	<input type="checkbox"/> Other _____
	Name of public school district you live in (e.g. Elyria City, Mansfield City, etc.) _____
Name of public school building your child would be assigned to for the 2018-2019 School Year: _____	

ADDRESS VERIFICATION	Proof of residency is required of all first-year and renewal applicants and must be submitted to the school with the application. Parents/Guardians must document residency by providing the school with a current (less than 3 months old) utility bill. The utility bill <b>MUST SHOW MATCHING SERVICE AND MAILING ADDRESS</b> in the name of the Parent/Guardian. Post office boxes and Cell Phone Bills have no Service Address and therefore are not accepted.
	<i>Acceptable Utilities</i> (Must show matching Mailing and Service Address): Electric, Gas, Water, Sewer, Cable/Internet. <i>Other Acceptable Documents:</i> Monthly mortgage statement and Lease/rental agreement (signed) and one (1) other official document with parent's name and address. Additional information can be found on the scholarship webpage.

2018-2019 EDCHOICE PARENT AGREEMENT

I \_\_\_\_\_ **AGREE TO THE FOLLOWING:**  
(Parent Name)

- \* The information provided in this application is true and correct.
- \* I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- \* I have submitted only one EdChoice application for this student.
- \* The scholarship amount shall only be applied to the tuition of the enrolling school and I may be required to pay other fees and costs as prescribed by the policies of the school.
- \* I will sign all scholarship checks received by the private school for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying the student's tuition.
- \* If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
- \* I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.
- \* I will abide by the Ohio Department of Education (ODE) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- \* If I am not a low income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- \* I must inform ODE and the chartered nonpublic school of any change in the student's residential address or custody status.
- \* I will not be able to renew my child's scholarship if: our family has moved to another city school district and our new neighborhood public school is not a designated EdChoice school, my child fails to take each state achievement test required for his/her grade/level, my child has more than twenty unexcused absences during the school year, or I fail to complete the renewal process. If my child has received an EdChoice Expansion scholarship I must maintain Ohio residency and verify my income annually.
- \* I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- \* I understand that if my child's scholarship has been awarded in error, it will be terminated immediately and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate: \_\_\_\_\_ (Name of Private School) to submit an application on my behalf for the Scholarship Program through the Ohio Department of Education electronic application system.

BY SIGNING BELOW, I AGREE TO ALL THE ABOVE STATEMENTS

Signature of Legal Guardian Signing the Tuition Check: \_\_\_\_\_

Date: \_\_\_\_\_