EDCHOICE SCHOLARSHIP PROGRAM 2023-2024 REQUEST FORM

STUDENT INFORMATION

Student data MUST match the Birth Certificate

NAME: _____ _____ _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____ GENDER: ☐ FEMALE ☐ MALE

MOTHER'S MAIDEN LAST NAME: _____ NATIVE LANGUAGE: _____ ETHNICITY: _____

CITY OF BIRTH: _____ GRADE LEVEL FOR 2022-2023: _____ GRADE LEVEL FOR 2023-2024: _____

IS THE STUDENT AN INCOMING KINDERGARTENER? ☐ YES ☐ NO

IS THE STUDENT AN INCOMING HIGH SCHOOLER? ☐ YES ☐ NO

HAS THE STUDENT EVER ATTENDED ANY OHIO PUBLIC SCHOOL? ☐ YES ☐ NO IF **YES,** WHERE?: (ANSWER BELOW)

DISTRICT: _____ BUILDING: _____ YEAR: _____

PARENT/GUARDIAN SIGNING SCHOLARSHIP CHECKS

I AM THE (CHECK ONE) ☐ Natural Parent ☐ Residential Parent ☐ Adoptive Parent ☐ Student who is at least eighteen years of age ☐ Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility required)

PRIMARY PARENT/GUARDIAN

NAME: _____ _____ _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

RELATIONSHIP TO STUDENT: _____

SECONDARY PARENT/GUARDIAN

NAME: _____ _____ _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

RELATIONSHIP TO STUDENT: _____

SCHOOL INFORMATION

Information MUST be completed to determine eligibility.

My student is currently (**Check only <u>one</u> box**):

- ☐ Attending a public school
- ☐ Attending a private school
- ☐ New to Ohio
- ☐ Other: _____
- ☐ Attending a charter/community school
- ☐ Homeschooled (Never attended an Ohio school)
- ☐ Attending Pre-school

Name of School the student is currently attending: _____

Name of public school district you live in: _____

Name of public school building the student would be assigned to for the 2023-2024 school year: _____

Return to the private school with **student's birth certificate** AND a **current utility bill** showing <u>matching</u> service and mailing addresses.

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	***ATTENTION:** Income verification is required for: 1.) New Expansion Scholarship applicants who are eligible based on the household income criteria, and 2.) All Scholarship applicants who want to be considered for low-income status.
INCOME	***Check below to indicate your intent to complete the income verification process.*** ☐ **Yes**, I believe that I qualify for low-income status. To complete the Income Verification process, parents may submit online using the secure Income Verification system or click here to complete and mail the paper form. Emailing documents is **NOT** permitted. ☐ **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.
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 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill **MUST SHOW MATCHING SERVICE AND MAILING ADDRESS** in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.
	Other Acceptable Documents: A monthly mortgage statement (less than 90 days old) **OR** lease/rental agreement (signed by lessee and lessor) **AND** a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc) with parent/guardian's name and address. ***Additional information can be found on the scholarship webpage.***

2023-2024 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: 1) my family moves to another public school district unless my child would be assigned to an EdChoice designated public school in the new district (applicable only to students who were initially awarded a scholarship based on an EdChoice designated building); 2) my child does not complete all required assessments; 3) my child has more than 20 unexcused absences for the school year; or 4) I fail to complete the renewal process. If my child received an EdChoice Expansion scholarship, I must maintain Ohio residency.
- 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 _____ to submit an application on my behalf for the Scholarship Program
(Name of Private School)

through the Ohio Department of Education's electronic application system. BY SIGNING BELOW, I AGREE TO THE ABOVE STATEMENTS.

_____ _____
Signature of Parent/Legal Guardian signing the tuition check Date Signed

Return to the private school with **student's birth certificate** AND a **current utility bill** showing matching service and mailing addresses.