

EDCHOICE SCHOLARSHIP PROGRAM 2020-2021 REQUEST FORM

STUDENT INFORMATION	***Student Data Must Match Birth Certificate***	
	NAME: _____ (First) _____ (Middle) _____ (Last)	
	DATE OF BIRTH _____	LAST FOUR DIGITS SS# _____
	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
	MOTHER MAIDEN NAME _____	NATIVE LANGUAGE _____ ETHNICITY: _____
	CITY OF BIRTH _____	GRADE LEVEL FOR 2019-2020 _____ GRADE LEVEL FOR 2020-2021 _____
	IS YOUR CHILD AN INCOMING KINDERGARTENER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS THIS CHILD EVER ATTENDED OHIO PUBLIC SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IS YOUR CHILD AN INCOMING HIGH SCHOOLER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHERE: District _____ Building _____ Year _____

Guardian Signing Scholarship Checks

I AM CHECK ONE Natural Parent Residential Parent Legal Guardian of student applying for scholarship funds (court documents required)

Adoptive Parent Student is at least eighteen years of age

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

SECONDARY PARENT/GUARDIAN	NAME: _____ (First) _____ (Middle) _____ (Last)	
	DATE OF BIRTH: _____	LAST FOUR OF SS# _____
	PHYSICAL ADDRESS: _____	
	CITY _____	STATE _____ ZIP _____ COUNTY _____
	PHONE _____	EMAIL _____
	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 OR from the EdChoice website: www.education.ohio.gov/edchoice .	
	<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.

RETURN TO THE PRIVATE SCHOOL WITH BIRTH CERTIFICATE AND UTILITY BILL BEFORE THE DEADLINE OF April 15 2020

EDCHOICE SCHOLARSHIP PROGRAM 2020-2021 REQUEST FORM

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 Attended 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 2020-2021 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 MUST SHOW MATCHING SERVICE AND MAILING ADDRESS 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.

2020-2021 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:

RETURN TO THE PRIVATE SCHOOL WITH BIRTH CERTIFICATE AND UTILITY BILL BEFORE THE DEADLINE OF **April 15, 2020**