

EDCHOICE SCHOLARSHIP PROGRAM 2017-2018 REQUEST FORM

STUDENT INFORMATION

Please use Birth Certificate for student data

NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ GRADE LEVEL on January 1, 2017: _____

GENDER: Female Male CITY OF BIRTH: _____

LAST FOUR DIGITS SS#: _____ MOTHER'S MAIDEN NAME: _____

NATIVE LANGUAGE: (_____) ETHNICITY: (_____)

Guardian Signing Scholarship Checks

I am the (check one)

 Natural Parent
 Adoptive Parent
 Residential Parent

 Legal Custodian (court documents required)
 Guardian of student applying for scholarship funds
 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: _____ E-MAIL: _____

RELATIONSHIP TO STUDENT: _____

SECONDARY PARENT/GUARDIAN

NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ LAST FOUR DIGITS SS#: _____

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP: _____

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 **OR** from the EdChoice web site: <http://education.ohio.gov/edchoice>

- 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.
- 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 30, 2017

EDCHOICE SCHOLARSHIP PROGRAM 2017-2018 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

- Public School _____
- Charter/Community School _____
- Private School _____
- Home Schooled _____
- Pre-School _____
- 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 2017-2018 School Year: _____

ADDRESS VERIFICATION

Proof of residence is required of all first-year and renewal applicants. Documents submitted must contain the parent/guardian's name, current address and the date. The date should be current. Post office boxes are not acceptable. Most utility bills still show the "for service at" location, which will indicate where the gas, electric, etc. is being used. In the case of post office boxes, the whole bill should be submitted for review. Parents/guardians must document residency by providing the school with one of the following utility bills (to be accompanied with their request or renewal forms):

* Cell Phone Bills are not accepted. Entire utility bill must be submitted showing matching service and mailing address. Additional information can be found on the scholarship webpage.

- 1. Electric
- 2. Gas
- 3. Water
- 4. Lease/rental agreement and one (1) other official document
- 5. Cable/Internet
- 6. Monthly mortgage statement
- 7. Sewer

2017-2018 EDCHOICE PARENT AGREEMENT

_____, (parent name) agree to the following:

- * 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: _____ to submit an application on my behalf for the Scholarship Program through the Ohio Department of Education electronic application system.
(Name of Private School)

BY SIGNING BELOW I AGREE TO ALL THE ABOVE STATEMENTS

Signature of Legal Guardian Signing the Tuition Check: _____ Date: _____

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