

EDCHOICE SCHOLARSHIP PROGRAM 2020-2021 REQUEST FORM

<b>STUDENT INFORMATION</b>	<b>***Student Data Must Match Birth Certificate***</b>			
	NAME:	(First)	(Middle)	(Last)
	DATE OF BIRTH	LAST FOUR DIGITS SS#	GENDER:	<b>FEMALE</b> <b>MALE</b>
	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?	YES      NO	HAS THIS CHILD EVER ATTENDED OHIO PUBLIC SCHOOL?	
	IS YOUR CHILD AN INCOMING HIGH SCHOOLER?	YES      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

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

<b>SECONDARY PARENT/GUARDIAN</b>	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\*\*\***

<b>INCOME</b>	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.edchoice.ohio.gov/edchoice">www.edchoice.ohio.gov/edchoice</a> .
	<p>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.</p> <p>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.</p>

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	Public School Charter/Community School Private School Home Schooled (Never Attended an Ohio School) New to Ohio 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 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 <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.

2020-2021 EDCHOICE PARENT AGREEMENT

AGREE TO THE FOLLOWING:

- I (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:

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