## **EdChoice Scholarship Program Request Form 2024-2025**

STUDENT INFORMATION	This application is for a (select one):	Traditional EdChoice Scholarship	EdChoice Expansion Scholarship (income based)		
	***Student data MUST match the Birt	h Certificate***			
	NAME:(First)	(Middle)	(Last)		
	DATE OF BIRTH:L	, ,			
	MOTHER'S MAIDEN LAST NAME:	NATIVE LANGUAGE:	ETHNICITY:		
	CITY OF BIRTH:	GRADE LEVEL FOR 2023-2024:	GRADE LEVEL FOR 2024-2025:		
	IS THE STUDENT AN INCOMING KINDERO YES NO IS THE STUDENT AN INCOMING HIGH SC	YES	NT EVER ATTENDED ANY OHIO PUBLIC SCHOOL?  NO IF <b>YES,</b> WHERE?: (ANSWER BELOW)		
	YES NO	DISTRICT:	BUILDING: YEAR:		
PARENT,	GUARDIAN SIGNING SCHOLARSHIP CHECK	(S			
I AM THE		·	arent □Student who is at least eighteen years of age court documents or Affidavit of Eligibility required)		
	NAME:(First)	(Middle)	(Last)		
Y DIAN	DATE OF BIRTH:				
PRIMARY PARENT/GUARDIAN	PHYSICAL ADDRESS:				
	CITY:	STATE:ZIP C	ODE:COUNTY:		
	PHONE NUMBER:	EMAIL ADDRESS:			
PA	RELATIONSHIP TO STUDENT:				
	NAME				
	NAME:(First)	(Middle)	(Last)		
DARY ARDIAN	DATE OF BIRTH:	LAST FOUR DIGITS OF SS	SN:		
	PHYSICAL ADDRESS:				
SECON PARENT/GU	CITY:	STATE:ZIP C	ODE:COUNTY:		
SEN	PHONE NUMBER:	EMAIL ADDRESS:			
PAF	RELATIONSHIP TO STUDENT:				
	***Information MUST be completed to determine eligibility.***				
	My student is currently ( <b>Check only</b>	one box):			
	☐ Attending a public school	☐Attending a charter,	/community school		
	Attending a public school				
JC ION	Attending a private school	☐Homeschooled (Nev	ver attended an Ohio school)		
HOOL AATION	☐ Attending a private school ☐ New to Ohio	☐Attending Pre-school			
SCHOOL ORMATION	☐ Attending a private school ☐ New to Ohio ☐ Other:	☐Attending Pre-schoo	ol .		
SCHOOL INFORMATION	☐ Attending a private school ☐ New to Ohio ☐ Other: Name of School the student is currently	☐Attending Pre-schoo — attending:			

 $Return\ to\ the\ private\ school\ with\ student's\ birth\ certificate\ and\ a\ current\ utility\ bill\ showing\ \underline{matching}\ service\ and\ mailing\ addresses.$ 



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# INCOME

# **ADDRESS VERIFICATION**

\*\*\*ATTENTION: Income verification is required for New Expansion Scholarship applicants. Income verification is not required to apply for a Traditional EdChoice Scholarship. Families may qualify for low-income status if they choose to have their income verified for the Traditional EdChoice Scholarship. To complete the Income Verification process, parents may submit online using the <a href="secure Income Verification system">secure Income Verification system</a> or complete and mail the paper form. Emailing documents is not permitted.

\*\*\*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 <u>must show matching service and mailing address</u> 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.\*\*\*

#### 2024-2025 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.



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- 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(Name of Private Scho		ition on my behalf for the Scholarsh	ոip Program
through the Ohio Department of Eduthe above statements.	ication's electronic applicat	on system. By signing below, I agre	e to
Signature of Parent/Legal Guardian sign	ing the tuition check	Date Signed	
Return to the private school with stude	ent's birth certificate and a cur	rent utility bill showing <u>matching</u> servi	ce

and mailing addresses.

The Ohio Department of Education and Workforce does not discriminate on the basis of race, religion, gender, nationality, age, disability, or ethnic background. The Ohio Department of education and Workforce is an equal opportunity employer and provider of ADA services. The Department's Notice of Non-Discrimination applies to all programs and activities.

