

EdChoice Scholarship Program Request Form 2024-2025

INCOME	<p>***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 secure Income Verification system or complete and mail the paper form. Emailing documents is not permitted.</p>
ADDRESS VERIFICATION	<p>***Proof of residency is required of all first year and renewal applicants and must be submitted to the school with the application.***</p> <p>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.</p> <p><i>Other Acceptable Documents:</i> 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.</p> <p>***Additional information can be found on the scholarship webpage.***</p>

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.
- 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.

EdChoice Scholarship Program Request Form 2024-2025

STUDENT INFORMATION	This application is for a (select one): <input type="checkbox"/> Traditional EdChoice Scholarship <input type="checkbox"/> EdChoice Expansion Scholarship (income based)		
	Student data MUST match the Birth Certificate		
	NAME: _____ (First) (Middle) (Last)		
	DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
	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 KINDERGARTENER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	HAS THE STUDENT EVER ATTENDED ANY OHIO PUBLIC SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE?: (ANSWER BELOW)		
IS THE STUDENT AN INCOMING HIGH SCHOOLER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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 one box):
	<input type="checkbox"/> Attending a public school <input type="checkbox"/> Attending a charter/community school
	<input type="checkbox"/> Attending a private school <input type="checkbox"/> Homeschooled (Never attended an Ohio school)
	<input type="checkbox"/> New to Ohio <input type="checkbox"/> Attending Pre-school
	<input type="checkbox"/> Other: _____
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 2024-2025 school year: _____	

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

