EDCHOICE SCHOLARSHIP PROGRAM 2022-2023 REQUEST FORM

	Student Data Must Match Birth Certificate								
N	NAME:								
STUD EN T INFORMATION	(First)			(Middle)		(Last)			
	DATE OF BIRTH	LAS	ST FOUR DIGIT	HTS SS#		GENDER:	FEMALE	MALE	
	MOTHER'S MAIDEN LAST NAME			NATIVE LANGUAGE:			ETHNICITY:		
	CITY OF BIRTH			GRADE LEVEL FOR 2021-2022			GRADE LEVEL FOR 2022-2023		
	IS THE STUDENT AN	GARTENER?	HAS THIS STUDE	TENDED ANY OHIO PUBLIC SCHOOL? (Must Answer)					
STI	YES	NO		YES	NO	IF YES, WHERE: (Answer Below)			
	IS THE STUDENT AN		CHOOLER?			·			
	YES	NO		District:		Building:		Year:	
Gua	Guardian Signing Scholarship Checks								
I AN	I CHECK ONE	Natural Parent	Residenti	ial Parent		Legal Guardian of student applying for scholarship funds (court documents or			
		Adoptive Parent Student is at least eighteen years			ars of age		it of Eligibility required)		
z									
PARENT/GUARDIAN	NAME:	(—)							
IAR	DATE OF BIRTH:	(First)		(Middle) LAST FOUR DIGITS SS#:			(Last)		
N9/.									
ENT	PHYSICAL ADDRES	HYSICAL ADDRESS:							
ARI		S		TATE ZIP		COUNTY			
•	PHONE			EMAIL					
	RELATIONSHIP TO S	STUDENT							
	NAME:								
LU.		(First)		(Middle)			(Last)		
ARE AN	DATE OF BIRTH:			LAST FOUR OF SS#		S#			
RDI/	PHYSICAL ADDRES	S:							
NDARY PAI GUARDIAN	CITY		STATE		ZIP	CC	DUNTY		
SECONDARY PARENT/ GUARDIAN	PHONE			EMAIL					
SE	RELATIONSHIP TO STUDENT								

ATTENTION EXPANSION APPLICANTS: Income verification MUST be completed for ALL EdChoice-Expansion Scholarship applicants. Check below to indicate your intent to complete the income verification process. INCOME I believe that I qualify for low income status. I will submit a completed Income Verification Form and supporting documents to the EdChoice Yes Office listed on the form. To complete the Income Verification process, parents may submit online using the secure Income Verification system or click here to complete and mail the paper form. Emailing documents is not permitted. 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 student's birth certificate and current utility bill showing service and mailing addresses.

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Informat	on below MUST be completed to determine eligibility. My student is CURRENTLY attending a (check ONLY one and enter the school name).						
	Public School: Charter/Community School:						
SCHOOL INFORMATION	Private School:						
ЧF	Home Schooled (Never Attended an Ohio School)						
SCHOOL ORMATI	New to Ohio						
SC	Pre-School:						
INF	Other:						
	Name of public school district you live in (e.g. Elyria City, Mansfield City, etc.):						
	Name of public school building the student would be assigned to for the 2022-2023 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.						
	Acceptable Utilities (must show matching service and mailing address): Electric, Gas, Water, Sewer, Cable/Internet. Other Acceptable Documents: 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.						
	2022-2023 EDCHOICE PARENT AGREEMENT						
I	AGREE TO THE FOLLOWING:						
•	(Parent Name)						
* The in	* 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.						
	•						
* I will a	I will abide by the Ohio Department of Education (ODE) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.						
* I must	nust inform ODE and the chartered nonpublic school of any change in the student's residential address or custody status.						
schoo	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 complete the renewal process. If my child has received and EdChoice Expansion scholarship I must maintain Ohio residency and verify my income annually.						
* I have	e received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.						
	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 kee y child at the private school.						
l desiar	ate:(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 Signed

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