

EDCHOICE SCHOLARSHIP PROGRAM 2022-2023 RENEWAL FORM

Please use birth certificate for student data.

STUDENT INFORMATION

NAME:
FIRST MIDDLE LAST
 DATE OF BIRTH: GENDER: MALE FEMALE
 GRADE STUDENT WAS IN ON JANUARY 1, 2022:
 SCHOOL CURRENTLY ATTENDING?
 WHAT SCHOOL DISTRICT DO YOU LIVE IN?
 WAS YOUR STUDENT ACCEPTED FOR ENROLLMENT? PLEASE CHECK ONE YES NO
 ARE THERE ANY SIBLINGS ATTENDING THIS SCHOOL? IF YES, PLEASE LIST HERE:

Guardian Signing Scholarship Checks I am the (check one):

PRIMARY GUARDIAN

Natural Parent Adoptive Parent Residential Parent Student is at least eighteen years of age Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility required)

NAME:
FIRST MIDDLE LAST
 DATE OF BIRTH: SSN# LAST FOUR DIGITS:
 PHYSICAL ADDRESS:
 CITY, STATE,ZIP: COUNTY:
 PHONE: E-MAIL:
 RELATIONSHIP TO STUDENT:

SECONDARY GUARDIAN

NAME:
FIRST MIDDLE LAST
 DATE OF BIRTH: SSN# LAST FOUR DIGITS:
 PHYSICAL ADDRESS:
 CITY, STATE,ZIP:
 PHONE: E-MAIL:
 RELATIONSHIP TO STUDENT:

EDCHOICE SCHOLARSHIP PROGRAM 2022-2023 RENEWAL FORM

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 signed Lease/rental agreement and one (1) other official document with parent’s name and address. Additional information can be found on the scholarship webpage.

INCOME VERIFICATION

*****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.

- 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. 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.

2022-2023 EDCHOICE PARENT AGREEMENT

I _____
(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 Scholarship application for the 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 Signed

Must return this form to the participating private school with a copy of a **current** utility bill showing service and mailing addresses.