

**CLEVELAND SCHOLARSHIP PROGRAM 2020-2021 REQUEST FORM**

<b>STUDENT INFORMATION</b>	<p><b>***Student Data Must Match Birth Certificate***</b></p> <p>NAME: _____ (First) _____ (Middle) _____ (Last)</p> <p>DATE of BIRTH _____ GRADE LEVEL on January 1, 2020 _____</p> <p>GENDER: Female Male CITY OF BIRTH _____</p> <p>LAST FOUR DIGITS SS# _____ MOTHER MAIDEN NAME _____</p> <p>NATIVE LANGUAGE _____ ETHNICITY _____</p> <p>HAS THIS CHILD EVER ATTENDED OHIO PUBLIC SCHOOL? IF SO, WHERE: Yes No</p> <p>SCHOOL? IF SO, WHERE: District Building Year</p>
<b>Guardian Signing Scholarship Checks</b>	
<p>I AM CHECK ONE      Natural Parent      Residential Parent      Legal Guardian of student applying for scholarship funds (court documents required)</p> <p>Adoptive Parent      Student is at least eighteen years of age</p>	
<b>PARENT/GUARDIAN</b>	<p>NAME: _____ (First) _____ (Middle) _____ (Last)</p> <p>DATE OF BIRTH: _____ LAST FOUR DIGITS SS#: _____</p> <p>PHYSICAL ADDRESS: _____</p> <p>CITY _____ STATE _____ ZIP _____ COUNTY _____</p> <p>PHONE _____ EMAIL _____</p> <p>RELATIONSHIP TO STUDENT _____</p>
<b>SECONDARY PARENT/ GUARDIAN</b>	<p>NAME: _____ (First) _____ (Middle) _____ (Last)</p> <p>DATE OF BIRTH: _____ LAST FOUR OF SS# _____</p> <p>PHYSICAL ADDRESS: _____</p> <p>CITY _____ STATE _____ ZIP _____ COUNTY _____</p> <p>PHONE _____ EMAIL _____</p> <p>RELATIONSHIP TO STUDENT _____</p>
<b>INCOME</b>	<p>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 Cleveland website: <a href="mailto:Cleveland.Scholarship@education.ohio.gov">Cleveland.Scholarship@education.ohio.gov</a>.</p> <p>Yes I believe that I qualify for low income status. I will submit a completed Income Verification Form and supporting documents to the Cleveland Scholarship 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 30, 2020**

**CLEVELAND 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
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 CLEVELAND 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 Cleveland Scholarship 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, my child fails to take each state achievement test required for his/her grade/level, or I fail to complete the renewal process.
- \* 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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