

Scholarship Transfer Request Form

The Scholarship may be transferred to another participating private school during a school year. The form below may be used to request a transfer of the scholarship. This form must be signed by the parent/guardian of the student and the official of the provider/ private school to which the parent/guardian is requesting scholarship transfer.

Please note that the Scholarship will be TERMINATED if a student withdraws from or is expelled from his/her Provider/Private school and does not enroll in another participating provider/participating school within 30 days (Ohio Administrative Code 3301-11-09).

Please check one --

I would like to transfer my EdChoice Scholarship to a different EdChoice Scholarship provider/private school I would like to transfer my Cleveland Scholarship to a different Cleveland Scholarship provider/private school

	First	Middle		Last
Student Full Name:				
	First	Middle		Last
Parent/Guardian Name: (Same as on Application)				
Current Address:				
Signature of Parent/Guardian:				DATE SIGNED
TRANSFER FROM: Last day of attendance at PREVIOUS Provider/School: / /	Name of Previous Provider/School		IRN#	City
TRANSFER TO: First day of attendance at NEW Provider/School: / /	Name of New Provider/School		IRN#	City
Signature of School Official:				DATE SIGNED

PLEASE keep original in the student file at the Provider/Private School