

# CLEVELAND SCHOLARSHIP

## 2013-2014 Income Verification Form

**To apply for low income status, please complete this form. ONLY 1 Form Per HOUSEHOLD**

PRIMARY PARENT	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST</u>	<u>MARITAL STATUS</u>
	NAME:			
	DATE OF BIRTH:		GENDER: <b>F</b> <b>M</b>	LAST FOUR DIGIST SS#:
	STREETADDRESS:			
	CITY:	OHIO	ZIP CODE:	E-MAIL:
	PRIMARY PHONE:		CELL PHONE:	

HOUSEHOLD INFORMATION - LIST ALL MEMBERS OF YOUR HOUSEHOLD Please make a copy of this page if more space is needed.	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST</u>	
	NAME:			
	DATE OF BIRTH:		GENDER: <b>F</b> <b>M</b>	LAST FOUR DIGIST SS#:
	RELATIONSHIP TO YOU:		RECEIVES INCOME: <b>Y</b> <b>N</b>	
	SCHOLARSHIP STATUS (CHECK ONE):    NEW:      RENEWAL      NA –NOT APPLICABLE			

<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST</u>
NAME:		
DATE OF BIRTH:		GENDER: <b>F</b> <b>M</b>
RELATIONSHIP TO YOU:		RECEIVES INCOME: <b>Y</b> <b>N</b>
SCHOLARSHIP STATUS (CHECK ONE):    NEW:      RENEWAL      NA –NOT APPLICABLE		

<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST</u>
NAME:		
DATE OF BIRTH:		GENDER: <b>F</b> <b>M</b>
RELATIONSHIP TO YOU:		RECEIVES INCOME: <b>Y</b> <b>N</b>
SCHOLARSHIP STATUS (CHECK ONE):    NEW:      RENEWAL      NA –NOT APPLICABLE		

<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST</u>
NAME:		
DATE OF BIRTH:		GENDER: <b>F</b> <b>M</b>
RELATIONSHIP TO YOU:		RECEIVES INCOME: <b>Y</b> <b>N</b>
SCHOLARSHIP STATUS (CHECK ONE):    NEW:      RENEWAL      NA –NOT APPLICABLE		

<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST</u>
NAME:		
DATE OF BIRTH:		GENDER: <b>F</b> <b>M</b>
RELATIONSHIP TO YOU:		RECEIVES INCOME: <b>Y</b> <b>N</b>
SCHOLARSHIP STATUS (CHECK ONE):    NEW:      RENEWAL      NA –NOT APPLICABLE		

<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST</u>
NAME:		
DATE OF BIRTH:		GENDER: <b>F</b> <b>M</b>
RELATIONSHIP TO YOU:		RECEIVES INCOME: <b>Y</b> <b>N</b>
SCHOLARSHIP STATUS (CHECK ONE):    NEW:      RENEWAL      NA –NOT APPLICABLE		

# CLEVELAND SCHOLARSHIP

## 2013-2014 Income Verification Form

**INCOME INFORMATION**

**YOU MUST PROVIDE DOCUMENTATION FOR ALL SOURCES OF INCOME IN YOUR HOUSEHOLD.** Documents should be representative of **CURRENT** income. Your income **WILL NOT** be verified without submission of all required documentation. This is your **ONLY** opportunity to apply.

- **IF YOU ARE CURRENTLY EMPLOYED (and have the same job you had all of last year):** Send 4 current pay stubs for each job or your W-2s.
- **IF YOU ARE CURRENTLY EMPLOYED (but did not work your current job for all of last year):** Send 4 current pay stubs for each job.
- **IF YOU ARE SELF-EMPLOYED:** Send a copy of your 2012 income tax forms, including Schedule C (the Profit and Loss statement).
- **IF YOU RECEIVE OTHER INCOME SOURCES (e.g., food stamps/OWF, child support, unemployment, Social Security, etc.):** Send copies of official documentation that shows how much you receive from that income source.

**EXAMPLE:** If you currently work and receive food stamps and child support, you need to send in four current pay stubs, official documentation that shows how much you receive in food stamps, and official documentation that show how much you receive in child support.

Income is any money or benefit that you and the people in your household receive from employment, unemployment, child/spousal support, disability benefits, workers compensation, social security, SSI, veterans benefits, etc.

**List each person that has earned or unearned income. If someone has more than one source of income, use multiple lines.**

First and Last Name	Employer or Income Source	Gross Amount	How Often Received
Example: John Smith	Employment-Kroger	\$1200	Bi-Weekly
Example: Jane Smith	Child Support	\$475	Monthly

If you require more space, please duplicate this page and submit with application. **PLEASE KEEP A COPY OF THIS FORM** for your records.

*I declare that the information on this form is true, correct and complete to the best of my knowledge. I agree to provide documents to verify the information listed. I authorize the Ohio Department of Education to make whatever contacts are necessary to verify the information I have provided.*

**Signature of guardian signing the Scholarship checks**

**Signature:**

**Date:**

**This 2 page form and all supporting documents must be  
POSTMARKED  
by April 19, 2013, 4:00 P.M.  
NO FAXES ACCEPTED**

**PLEASE RETURN COMPLETED FORM TO:  
Ohio Department of Education  
CLEVELAND Scholarship Program  
25 S. Front Street, MS 309, Columbus, Ohio 43215**