Ohio | Department of Education

CLEVELAND SCHOLARSHIP RENEWAL FORM 2014-2015

PLEASE READ CAREFULLY before signing:

I _____ agree to the following:
Name of Parent/Guardian

The information provided in this application is true and correct.

I am [check one of the following] :

- ☐ Natural Parent
- ☐ Adoptive Parent
- ☐ Legal Custodian
- ☐ Legal Guardian
- ☐ Guardian of Student applying for scholarship funds.
- ☐ Residential Parent (In cases of divorce or dissolution)
- ☐ Student that is at least eighteen years of age

- 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 residence.
- I have submitted only one CSP application for the student.
- The scholarship amount shall only be applied toward school tuition and I may be required to pay other fees and costs as prescribed in school policies.
- 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 be responsible for paying any difference between the scholarship amount and the school's tuition.
- I will complete the income verification when required.
- I will appy for any/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 inform the chartered nonpublic school and ODE of changes in family income that would impact whether or not the student is above or below 200 percent of the federal poverty level.
- If I transfer my child's scholarship to another participating school, I will notify the school of my intent to withdrawl and I will return to the orginal school to sign any remaining checks.
- 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 the scholarship if: our family has moved outside of the Cleveland Municipal School District, my child does not attend a participating school, my child fails to take each state achievement test or academic assessment required for his/her grade level or I fail to complete the annuwl scholarship 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 terminated immediately and I would be responsible for paying tuition if I decide to contine enrollment at a private school.

Student:

FIRST **MIDDLE** **LAST**

STUDENT NAME: _____

Parent/Guardian:

FIRST **MIDDLE** **LAST**

PARENT/GUARDIAN NAME: _____

DATE OF BIRTH: _____ SSN# LAST FOUR DIGITS: _____

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP _____

RESIDENCE PHONE: _____ CELL PHONE: _____

RELATIONSHIP TO STUDENT? _____ E-MAIL: _____

I understand that my income may determine award eligibility and would be needed at the time of application/renewal to determine low-income status.

- ☐ Request Low Income Verification = I will complete the Income Verification Form and provide documents needed to verify my current income.
- ☐ Waive Income Verification = I am responsible for any difference between the scholarship and the school's tuition.

I designate : _____ to submit an application on my behalf for the Cleveland Scholarship Program through the Ohio Department of Education web-based CSTP application system.

Guardian Signing Scholarship Check

Parent/Guardian Signature: Date:

PLEASE ATTACH PROOF OF ADDRESS, SUCH AS A COPY OF MOST RECENT UTILITY BILL. THIS FORM MUST BE RETURNED TO THE PRIVATE SCHOOL BY April 18, 2014.

APRIL 18, 2014