Ohio | Department of Education

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: _____

_____

DATE SIGNED

Signature of Parent/Guardian: _____

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

DATE SIGNED

Signature of School Official: _____

SCHOOL MUST FAX OR SCAN THIS DOCUMENT — DO NOT MAIL FAX TO: 614-387-0245

E-Mail Scanned Forms to: edchoice@education.ohio.gov **OR** cleveland.scholarship@education.ohio.gov

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