

## EDCHOICE SCHOLARSHIP PROGRAM 2017-2018 INCOME VERIFICATION FORM

Income Verification is one step in the scholarship application process. Your child must also be enrolled at a participating school. The Income Verification Process is important for some families to determine if they meet low income requirements of the scholarship program. If you are a new or renewal applicant of the Scholarship and you qualify for low income status, you will not have to pay tuition above the amount of the scholarship. If you are a new or renewal applicant of the EdChoice Expansion Scholarship, you must complete the income process every year to receive a scholarship award.

Helpful tools can be found on the scholarship website at: <http://education.ohio.gov/edchoice>. If you have more than one child applying for a scholarship, only one income verification form is needed. The scholarship office is not able to return original documents to you; please send only copies. **This form and copies of income documents must be mailed to the address ON THE BACK OF THIS FORM by the deadline July 31, 2017:**

**#1**

PRIMARY PARENT	NAME:				
	FIRST	MIDDLE	LAST	<u>MARITAL STATUS</u>	
	DATE OF BIRTH:	GENDER: F M		LAST FOUR DIGIT SS#:	
	ADDRESS:				
	CITY:	OHIO	ZIP CODE:	RECEIVES INCOME: Y	N
	PHONE:	E-MAIL:			
Name of Private school where your child is enrolled					

**LIST ALL MEMBERS OF YOUR HOUSEHOLD - Including scholarship students, make a copy of this page if more space is needed.**

**#2**

NAME:				
FIRST	MIDDLE	LAST		
DATE OF BIRTH:	GENDER: F M		LAST FOUR DIGIT SS#:	
RELATIONSHIP TO YOU:				
SCHOLARSHIP STATUS (CHECK ONE):	NEW:	RENEWAL:	NA:	RECEIVES INCOME: Y N

**#3**

NAME:				
FIRST	MIDDLE	LAST		
DATE OF BIRTH:	GENDER: F M		LAST FOUR DIGIT SS#:	
RELATIONSHIP TO YOU:				
SCHOLARSHIP STATUS (CHECK ONE):	NEW:	RENEWAL:	NA:	RECEIVES INCOME: Y N

**#4**

NAME:				
FIRST	MIDDLE	LAST		
DATE OF BIRTH:	GENDER: F M		LAST FOUR DIGIT SS#:	
RELATIONSHIP TO YOU:				
SCHOLARSHIP STATUS (CHECK ONE):	NEW:	RENEWAL:	NA:	RECEIVES INCOME: Y N

**#5**

NAME:				
FIRST	MIDDLE	LAST		
DATE OF BIRTH:	GENDER: F M		LAST FOUR DIGIT SS#:	
RELATIONSHIP TO YOU:				
SCHOLARSHIP STATUS (CHECK ONE):	NEW:	RENEWAL:	NA:	RECEIVES INCOME: Y N

