

EdChoice Scholarship Program 2018-2019 Reconsideration Form

Name of private school you submitted the application to

Application ID#

Parent/ Guardian Name

Student Name

Address

City, State, Zip

Telephone

Emergency

E-Mail

Briefly describe why you disagree with the denial of your EdChoice Scholarship application or termination of Scholarship award. Your private school may be able to assist you. Please include information regarding the student's school enrollment history, if applicable. Additional pages may be attached, if necessary.

I certify that the above information is complete, accurate, and true. I understand that I will forfeit any EdChoice Scholarship award if the information in this statement or supporting documentation is found to be false. I understand that submitting false, misleading, or incomplete information as part of a request for reconsideration of the application for an EdChoice Scholarship may result in denial of the request, recovery of monetary damages in a civil legal proceeding, and criminal prosecution to the fullest extent of the law.

Signature of Parent/Guardian

DATE

You must enclose documentation to support your request for consideration. Documentation may include, but is not limited to, copies of: 1) official school records of enrollment and attendance history, such as report cards or enrollment forms; 2) records to verify address, such as utility bills or a lease agreement; 3) student's birth certificate or documentation of custody or guardianship; or 4) any other documents relevant to the explanation above.

Please mail this form along with all supporting documentation to:

Ohio Department of Education
EdChoice Scholarship Program
25 S. Front Street, Mail Stop 309
Columbus, Ohio 43215-4183

NO
FAXES
ACCEPTED