EDCHOICE SCHOLARSHIP PROGRAM 2020-2021 RENEWAL FORM

STUDENT INFORMATION

Please use Birth Certificate for student data

NAME: _____ _____ _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ GENDER: MALE ◯ FEMALE ◯

GRADE STUDENT WAS IN ON JANUARY 1, 2020: _____

SCHOOL CURRENTLY ATTENDING? _____

WHAT SCHOOL DISTRICT DO YOU LIVE IN? _____

WAS YOUR STUDENT ACCEPTED FOR ENROLLMENT? PLEASE CHECK ONE ◯ YES ◯ NO

ARE THERE ANY SIBLINGS ATTENDING THIS SCHOOL? IF YES, PLEASE LIST HERE:

_____

PRIMARY GUARDIAN

Guardian Signing Scholarship Checks

I am the (check one)

- o Natural Parent
- o Adoptive Parent
- o Residential Parent
- o Legal Custodian (court documents required)
- o Guardian of student applying for scholarship funds
- o Student is at least eighteen years of age

NAME: _____ _____ _____
FIRST MIDDLE LAST

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

PHYSICAL ADDRESS: _____

CITY, STATE,ZIP: _____ COUNTY: _____

PHONE: _____ E-MAIL: _____

RELATIONSHIP TO STUDENT: _____

SECONDARY GUARDIAN

NAME: _____ _____ _____
FIRST MIDDLE LAST

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

PHYSICAL ADDRESS: _____

CITY, STATE,ZIP: _____

PHONE: _____ E-MAIL: _____

RELATIONSHIP TO STUDENT: _____

PLEASE ATTACH A CURRENT UTILITY BILL SHOWING SERVICE ADDRESS AND RETURN TO PRIVATE SCHOOL.

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Please review the list below for acceptable forms of address proof.

ADDRESS VERIFICATION

Proof of residency is required of all first-year and renewal applicants and must be submitted to the school with the application. Parents/ Guardians must document residency by providing the school with a current (less than 3 months old) utility bill. The utility bill MUST SHOW MATCHING SERVICE AND MAILING ADDRESS in the name of the Parent/Guardian. Post office boxes and Cell Phone Bills have no Service Address and therefore are not accepted.

Acceptable Utilities (Must show matching Mailing and Service Address): Electric, Gas, Water, Sewer, Cable/Internet.
Other Acceptable Documents: Monthly mortgage statement and Lease/rental agreement (signed) and one (1) other official document with parent's name and address. Additional information can be found on the scholarship webpage.

INCOME VERIFICATION

EXPANSION APPLICANTS: INCOME VERIFICATION MUST BE COMPLETED TO QUALIFY FOR THE EXPANSION SCHOLARSHIP THROUGH EDCHOICE

By checking below you are indicating you will complete the income verification process. Please obtain the Income Verification form from the school **OR** from the EdChoice web site: http://education.ohio.gov/edchoice

☐ YES, I believe that I qualify for low income status. I will submit a completed Income Verification Form and supporting documents to the EdChoice Office listed on the form.

☐ NO, I am not interested in applying for low income status. I either: 1) do not qualify for low income status or 2) do not want my income verified by the program.

2020-2021 EDCHOICE PARENT AGREEMENT

I _____ agree to the following:
(parent name)

* The information provided in this application is true and correct.
* 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 address.
* I have submitted only one EdChoice Scholarship application for the student.
The scholarship amount shall only be applied to the tuition of the enrolling school and I may be required to pay other fees and costs as prescribed by the policies of the school.
* 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.
* If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
* I will apply for any and 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 abide by the Ohio Department of Education (ODE) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
* If I am not a low income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
* 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 my child's scholarship if; our family has moved to another city school district and our new neighborhood public school is not a designated EdChoice school, my child fails to take each state achievement test required for his/her grade level, my child has more than twenty unexcused absences during the school year, or I fail to complete the renewal process. If my child has received an EdChoice Expansion Scholarship I must maintain Ohio residency and verify my income annually.
* 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 be terminated immediately and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate: _____ **to submit an application on my behalf for the Scholarship Program through the Ohio Department of Education electronic application system.**
name of school

BY SIGNING BELOW I AGREE TO ALL THE ABOVE STATEMENTS

_____ _____
Signature of Legal Guardian Signing the Tuition Check: Date:

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