Ohio | Department of Education

STUDENT SCHOLARSHIP APPLICATION

Jon Peterson Special Needs Scholarship

Student

	FIRST NAME	MIDDLE NAME	LAST NAME
NAME:			

DATE OF BIRTH: / / CITY OF BIRTH:

GENDER MALE FEMALE MOTHERS MAIDEN LAST NAME:

LAST FOUR DIGITS SSN# CURRENT GRADE LEVEL:

NATIVE LANGUAGE:

ETHNICITY **Select ONLY ONE:** White/Non Hispanic ○ Black/African American ○ Asian Pacific Islander ○ Hispanic/Latino ○ Multiracial ○ American Indian ○ Native Hawaiian ○

For education my child attends_____If your child is registered as home schooled check here ○

Parent/ Guardian:

I am the (check one)

- o Natural Parent
- o Adoptive Parent
- o Residential Parent
- o Legal Custodian
- o Guardian of student applying for scholarship funds
- o Student that is at least eighteen years of age

	FIRST	MIDDLE	LAST
NAME:			

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

PHYSICAL ADDRESS:

CITY, STATE, ZIP

PRIMARY PHONE: ( ) - E-MAIL:

WHAT IS YOUR RELATIONSHIP TO THIS STUDENT?

In what County do you live?_____In what School District do you live?_____

Secondary Guardian:

	FIRST	MIDDLE	LAST
NAME:			

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

PHYSICAL ADDRESS:

CITY, STATE, ZIP:

PRIMARY PHONE: ( ) - E-MAIL:

WHAT IS YOUR RELATIONSHIP TO THIS STUDENT?

THIS FORM MUST BE RETURNED TO THE "PROVIDER"

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When submitting an application for a scholarship, the applicant shall attest to the following:

(1) That the information provided on the application is true and correct;

(2) I have received the profile of the provider's special education program required by division (B) of section 3310.521 of the Revised Code and rule 3301-101-09 of the Administrative Code;

(3) I have received the comparison document required by section 3323.052 of the Revised Code;

(4) I understand that acceptance of a scholarship after the receipt of the comparison document is informed consent to the provisions of sections 3310.51 to 3310.64 of the Revised Code and to the provisions of the rules in this chapter;

(5) I understand that acceptance of a scholarship relieves the school district of residence and the school district in which the student is entitled to attend school, if different, of the obligation to provide the child with FAPE;

(6) I will inform the provider and the department immediately of any change in the student's residential address or custody status;

(7) I understand that my student will not be eligible to receive scholarships in subsequent years if the student fails to take each state test or alternate assessment prescribed for the student's grade level under section 3301.0710 or 3301.0712 of the Revised Code;

(8) I have submitted only one application for this student;

(9) I agree to abide by the dispute resolution process described in rule 3301-101-12 of the Administrative Code;

(10) I understand that the scholarship amount shall only be applied to the tuition and fees of the enrolling provider and I will be required to pay tuition and fees that exceed the amount of the scholarship, and other fees and costs as prescribed by the policies of the provider;

(11) Any other representations prescribed by the department determined to be necessary to ensure the effective implementation of the program and compliance with Chapter 3310. of the Revised Code.

I authorize _____ (name of provider) to submit an application through the Ohio Department of Education's Web-based Program Student Application System on my behalf for the scholarship program. By signing below I am in agreement to all the above statements.

I authorize the Ohio Department of Education, my school district of residence, the district of my nonpublic school and my selected providers to share the following information regarding my child: current and past Individualized Education Program (IEP), Evaluation Team Report (ETR), progress and interim reports.

Parents Signature Date

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