Ohio | Department of Education

Revised 01/14

ODE USE ONLY

Post Marked _____ Number Issued _____

Homeschool Student Post-Secondary Enrollment Options Program Pursuant to Ohio Revised Code 3365.022

Application for Funding for the 2014-2015 School Year

Applications Must be Postmarked Between May 15 and June 15

Section I: General Information – Please type or print legibly and complete all fields

Student's District of Residence _____ District IRN _____

Student's FULL Name _____ Date of Birth _____

Student's Complete Address _____

Number of College Semester Hours Planning to Attend _____ Grade Level Next Year 09 ☐ 10 ☐ 11 ☐ 12 ☐

Post-Secondary Institution #1 _____ Post-Secondary IRN _____

Post-Secondary Institution #2 _____ Post-Secondary IRN _____

If you plan to attend more than 2 PSEO institutions, you **must have a separate application **ATTACHED** to this application**

Section II: Student and Parent Certification - Parent must sign if applicant is under 18 years old. By signing below, you are agreeing to comply with all rules and regulations for participating in the PSEO program as set out in the statuses, regulation, policies and instructions for the program. **Any application with missing data and/or signatures will not be processed.**

_____	_____	_____	_____
Student Signature	Date	Parent or Guardian Signature (if under 18)	Date

Student/Parent Contact Phone Number: _____

Section III: Certification of Home Education Pursuant to Ohio Administrative Code 3301-34 – Please attach current year written notification from the public school superintendent that excuses applicant from compulsory attendance **or** have superintendent sign below. By signing below, the superintendent is certifying his or her intent to excuse the applicant from the compulsory attendance law pursuant to Ohio Administrative Code 3301-34.

_____	_____	_____	_____
District Superintendent Signature	Date	District Superintendent Name (printed)	Telephone No.

Section IV: PSEO Institution Certification – I certify that the institution which I represent has accepted this student into the post-secondary enrollment option "B" program and have attached a copy of the acceptance letter **or** affixed our official seal/stamp.

PSEO Institution #1 _____

Authorized Signature Date

Contact (Name & Title Printed) Telephone No.

College Official Seal/Stamp (Required unless acceptance letter is attached)

PSEO Institution #2 _____

Authorized Signature Date

Contact (Name & Title Printed) Telephone No.

College Official Seal/Stamp (Required unless acceptance letter is attached)

Mail the original application to the address below. Facsimile, e-mail, and hand delivered applications will not be accepted.

Return original to: Ohio Department of Education, Office of School Finance, Attn: Wendy Cantrell,

25 S. Front Street, MS 308, Columbus, OH 43215