

STATE OF OHIO)
)
COUNTY OF _____)

S.S.

AFFIDAVIT

I, _____, being first duly sworn, state that I am over the age of eighteen, am of sound mind, have firsthand knowledge of the following allegations and facts, and that based on my knowledge, these statements are true and accurate:

1. I am the parent of _____, Date of Birth _____.
I am the parent of _____, Date of Birth _____.
I am the parent of _____, Date of Birth _____.
I am the parent of _____, Date of Birth _____.
I am the parent of _____, Date of Birth _____.
I am the parent of _____, Date of Birth _____.
2. I desire to have my child(ren) be determined an “eligible student” for purposes of the educational choice expansion scholarship program.
3. My address is _____.
4. My occupation is _____.
5. The last four (4) digits of my social security number are _____.
6. My spouse is _____.
7. The last four digits of my spouse’s Social Security number are _____.
8. I attest that I and my spouse are not required to file a Federal Income Tax Return.

FURTHER AFFIANT SAYETH NAUGHT.

Sworn to and subscribed in my presence this ___ day of _____ 202__.

Notary Public