

STATE OF OHIO)
)
COUNTY OF _____)

**MINIMUM SCHOLARSHIP AWARD
AFFIDAVIT**

S.S.

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 eligible for the minimum scholarship award.

FURTHER AFFIANT SAYETH NAUGHT.

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

Notary Public

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