

EdChoice Scholarship Program 2022-2023 Reconsideration Form

Name of Private School Where You Submitted the Application

Application ID#

Parent/Guardian Name

Student Name

OH

Address

City, State, Zip

E-Mail

Briefly explain the reason you disagree with the status of your student's EdChoice Scholarship application or termination of the scholarship award and include information regarding the student's school enrollment history, if applicable. Additional pages may be attached, if necessary. Your private school may assist you.

I certify that the above information is complete, accurate, and true. I understand that I will forfeit any EdChoice Scholarship award if the information in this statement or supporting documentation is found to be false. I understand that submitting false, misleading, or incomplete information as part of a *Request for Reconsideration* of an application for the EdChoice Scholarship Program may result in denying the request, recovery of monetary damages in a civil legal proceeding, and criminal prosecution to the fullest extent of the law.

Signature of Parent/Guardian _____

Date _____

You must enclose supporting documentation with your *Request for Reconsideration* related to the *Not Eligible* or *Terminated* status of the student application/award. Documentation submitted must be regarding the status of the application/award. Information provided may include, but is not limited to: 1.) copies of official school records of enrollment and attendance history such as report cards or enrollment forms; 2.) records to verify address such as utility bills or a lease agreement; 3.) student's birth certificate, documentation of custody or guardianship; or 4.) any other documents relevant to the circumstance in your explanation above.

Submit your completed form with supporting documentation to the private school or mail to:

Ohio Department of Education
EdChoice Scholarship Program
25 S. Front Street, Mail Stop 309
Columbus, OH 43215-4183

**FAXES
NOT
ACCEPTED.**