

AFFIDAVIT OF ELIGIBILITY FOR AN EDUCATIONAL CHOICE SCHOLARSHIP 2024-2025 SCHOOL YEAR

Ohio Revised Code Section 3310.033

Affidavit of _____

(Print Name)

Name of Student _____

(Print Name)

Please check all that apply:

- (a) The Student does not live in the Cleveland Municipal School District for the 2024-2025 school year.
- (b) The Student's sibling received a traditional Educational Choice Scholarship for the 2023 -024 school year.

If checked, please complete the following:

The name of the Student's sibling who received the scholarship: _____

The relationship of the SIBLING to the Student (*please check where applicable*):

- Brother Half-brother Sister Half-sister
 - Cousin by birth, marriage or adoption who lived in the same household as the Student.
 - Foster child who lived in the same household as the Student (*includes a child who is subsequently adopted by the child's foster family*).
 - Child who lives in the same household as the Student due to being placed with a guardian or legal custodian.
 - Child who lives in the same household as the Student and is being cared for by a kinship caregiver (*a relative or other adult who is caring for a child in place of the child's parents*).
 - Other child who has lived in the same household as the Student for at least 45 consecutive days within the past calendar year.
- (c) The Student is a foster child (*a child placed with a foster caregiver – a person holding a valid foster home certificate issued by the Ohio Department of Job & Family Services*).
 - (d) The Student is placed with a guardian, legal custodian, or kinship caregiver (*an adult who is caring for a child in place of the child's parents*).

- (e) The Student is not placed with a guardian, legal custodian, or kinship caregiver, but the Student has lived in the same household as a child meeting the qualification under (d) for at least 45 consecutive days within the last calendar year.

- (f) The Student lives in a home that is certified as a foster home by the Ohio Department of Job & Family Services (*includes a child who is not a foster child*).

- (g) The Student's parent or guardian lives in Ohio, and the Student has lived in the household of an individual who is not the Student's parent or guardian for at least 45 consecutive days within the last calendar year and, if not living in the household, would have been homeless.

- (h) The Student has, for at least 45 consecutive days within the last calendar year, lived in the same household as a child who meets the qualifications under (g).

OATH OR AFFIRMATION

(Do not sign until Notary Public is present.)

I, (print name) _____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

(Signature)

STATE OF OHIO)

)

COUNTY OF _____)

Sworn to or affirmed before me by _____ this _____ day of _____, _____.

Signature of Notary Public

Printed Name of Notary Public

Commission Expiration Date: _____
(Affix seal here)

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