

EdChoice Scholarship Program Renewal Form 2024-2025

STUDENT INFORMATION	<p>***Student data MUST match the Birth Certificate***</p> <p>NAME: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (First) (Middle) (Last) </div> </p> <p>DATE OF BIRTH: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p> <p>GRADE STUDENT WAS IN ON JANUARY 1, 2024: _____</p> <p>SCHOOL CURRENTLY ATTENDING: _____</p> <p>WHAT SCHOOL DISTRICT DO YOU LIVE IN?: _____</p>
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PARENT/GUARDIAN SIGNING SCHOLARSHIP CHECKS

I AM THE (CHECK ONE) Natural Parent Residential Parent Adoptive Parent Student who is at least eighteen years of age

Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility required)

PRIMARY PARENT/GUARDIAN	<p>NAME: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (First) (Middle) (Last) </div> </p> <p>DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____</p> <p>PHYSICAL ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____</p> <p>PHONE NUMBER: _____ EMAIL ADDRESS: _____</p> <p>RELATIONSHIP TO STUDENT: _____</p>
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SECONDARY PARENT/GUARDIAN	<p>NAME: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (First) (Middle) (Last) </div> </p> <p>DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____</p> <p>PHYSICAL ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____</p> <p>PHONE NUMBER: _____ EMAIL ADDRESS: _____</p> <p>RELATIONSHIP TO STUDENT: _____</p>
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Return to the private school with a copy of current utility bill showing matching service and mailing addresses.

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INCOME	<p>***ATTENTION: Income verification is not required to apply for a Traditional EdChoice Scholarship. Families may qualify for low-income status if they choose to have their income verified for the Traditional EdChoice Scholarship. To complete the Income Verification process, parents may submit online using the secure Income Verification system or complete and mail the paper form. Emailing documents is not permitted.</p>
ADDRESS VERIFICATION	<p>***Proof of residency is required of all renewal applicants and must be submitted to the school with the application.***</p> <p>Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill must show matching service address and mailing address in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.</p> <p><i>Other Acceptable Documents:</i> A monthly mortgage statement (less than 90 days old) or lease/rental agreement (signed by lessee and lessor) and a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc.) with parent/guardian's name and address.</p> <p>***Additional information can be found on the scholarship webpage.***</p>

2024-2025 EDCHOICE PARENT AGREEMENT

I _____ AGREE TO THE FOLLOWING:

(Parent Name)

- The information provided in this application is true and correct.
- I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- I have submitted only one EdChoice application for this student.
- The scholarship amount shall only be applied to the tuition of the enrolling school, and I may be required to pay other fees and costs as prescribed by the policies of the school.
- I will sign all scholarship checks received by the private school for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying the student's tuition.
- If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
- I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.
- I will abide by the Ohio Department of Education (ODE) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- If I am not a low-income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- I must inform ODE and the chartered nonpublic school of any change in the student's residential address or custody status.
- I will not be able to renew my child's scholarship if: 1) my family moves to another public school district unless my child would be assigned to an EdChoice designated public school in the new district (applicable only to students who were initially awarded a scholarship based on an EdChoice designated building); 2) my child does not complete all required assessments; 3) my child has more than 20 unexcused absences for the school year; or 4) I fail to complete the renewal process. If my child received an EdChoice Expansion scholarship, I must maintain Ohio residency.

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- I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- I understand that if my child’s scholarship has been awarded in error, it will be terminated immediately, and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate _____ to submit an application on my behalf for the Scholarship Program
(Name of Private School)

through the Ohio Department of Education’s electronic application system. By signing below, I agree to the above statements.

Signature of Parent/Legal Guardian signing the tuition check

Date Signed

Return to the private school with a copy of current utility bill showing matching service and mailing addresses.

The Ohio Department of Education and Workforce does not discriminate on the basis of race, religion, gender, nationality, age, disability, or ethnic background. The Ohio Department of education and Workforce is an [equal opportunity employer](#) and provider of [ADA services](#). The Department’s [Notice of Non-Discrimination](#) applies to all programs and activities.

View the Department's [Disability Discrimination Policy](#) and [Discrimination Policy Grievance Procedure](#). For further information on notice of non-discrimination, visit ocrcas.ed.gov/contact-ocr for the address and phone number of the office that serves your area, or call 1-800-421-3481.