

# EdChoice Scholarship Program Reconsideration Form 2024-2025

Name of private school you submitted the application to

Application ID #

Parent/Guardian Name

Student Name

Address

City, State, Zip Code

Phone Number

Emergency Phone Number

Email Address

Briefly describe why you disagree with the denial of your EdChoice Scholarship application or termination of the scholarship award. Your private school may be able to assist you. Please include information regarding the student's school enrollment history, if applicable. Additional pages may be attached, if necessary.

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 also understand that submitting false, misleading, or incomplete information as part of a request for reconsideration of the application for an EdChoice Scholarship may result in denial of 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 \_\_\_\_\_

**Documentation must be enclosed to support your request for reconsideration.** Documentation may include, but is not limited to, copies of: 1) 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 or documentation of custody or guardianship; or 4) any other documents relevant to the explanation above.

**Please return this form with all supporting documentation to your private school OR mail the form and all supporting documents to:**

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

**FAXES ARE NOT ACCEPTED**