

EDCHOICE SCHOLARSHIP PROGRAM 2023-2024 RENEWAL FORM

NAME: (First) (Middle) (Last) DATE OF BIRTH: GENDER: FEMALE MALE GRADE STUDENT WAS IN ON JANUARY 1, 2023: SCHOOL CURRENTLY ATTENDING: WHAT SCHOOL DISTRICT DO YOU LIVE IN?: Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility required) NAME:	_	***Student data MUST match the Birth Certificate***						
PARENT/GUARDIAN SIGNING SCHOLARSHIP CHECKS I AM THE (CHECK ONE)	Ö	NAME:						
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) NAME: (First) (Middle) (Last) DATE OF BIRTH: LAST FOUR DIGITS OF SSN: PHYSICAL ADDRESS: CITY: STATE: ZIP CODE: COUNTY: PHONE NUMBER: EMAIL ADDRESS: RELATIONSHIP TO STUDENT: LAST FOUR DIGITS OF SSN: PHYSICAL ADDRESS: CITY: STATE: ZIP CODE: COUNTY: PHYSICAL ADDRESS: CITY: STATE: EMAIL ADDRESS: CITY: STATE: EMAIL ADDRESS: CITY: STATE: EMAIL ADDRESS: CITY: STATE: EMAIL ADDRESS: CITY: STATE: STAT	MAT		(First)	(Middl	e)	(Last)		
PARENT/GUARDIAN SIGNING SCHOLARSHIP CHECKS I AM THE (CHECK ONE)	FOR	DATE OF BIRTH: _		-		GENDER: ☐ FEMALE	☐ MALE	
PARENT/GUARDIAN SIGNING SCHOLARSHIP CHECKS I AM THE (CHECK ONE)	Z E	GRADE STUDENT WAS IN ON JANUARY 1, 2023:						
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) NAME: (First) (Middle) (Last) DATE OF BIRTH: LAST FOUR DIGITS OF SSN: PHYSICAL ADDRESS: CITY: STATE: ZIP CODE: COUNTY: PHONE NUMBER: EMAIL ADDRESS: RELATIONSHIP TO STUDENT: LAST FOUR DIGITS OF SSN: PHYSICAL ADDRESS: CITY: STATE: ZIP CODE: COUNTY: PHYSICAL ADDRESS: CITY: STATE: EMAIL ADDRESS: CITY: STATE: EMAIL ADDRESS: CITY: STATE: EMAIL ADDRESS: CITY: STATE: EMAIL ADDRESS: CITY: STATE: STAT	JDEN	SCHOOL CURRENTLY ATTENDING:						
AM THE (CHECK ONE)	STL	WHAT SCHOOL DI	STRICT DO YOU LIVE	IN?:				
NAME:	PARE	NT/GUARDIAN	I SIGNING SCI	HOLARSHIP CHECKS	3			
DATE OF BIRTH: LAST FOUR DIGITS OF SSN:	I AM THE	E (CHECK ONE)			•		• •	
DATE OF BIRTH: LAST FOUR DIGITS OF SSN:	PRIMARY PARENT/GUARDIAN							
NAME: (First)		NAME:(First)		(Middle)		(La	(Last)	
NAME: (First)		DATE OF BIRTH:	LAST FOUR DIGITS OF SSN:					
NAME: (First)								
NAME: (First)								
NAME:		PHONE NUMBER:	EMAIL ADDRESS:					
DATE OF BIRTH: LAST FOUR DIGITS OF SSN:		RELATIONSHIP TO STUDENT:						
DATE OF BIRTH: LAST FOUR DIGITS OF SSN:								
PHYSICAL ADDRESS: CITY:		NAME:	(First)	(Mid	ldle)	(La:	st)	
PHYSICAL ADDRESS: CITY:		DATE OF BIRTH		I AST FOLIR	DIGITS OF SSN:			
PHONE NUMBER: EMAIL ADDRESS: RELATIONSHIP TO STUDENT:			 SS:					
PHONE NUMBER: EMAIL ADDRESS: RELATIONSHIP TO STUDENT:							ITY:	
	_	RELATIONSHIP TO STUDENT:						

Return to the private school with a **copy of current utility bill** showing <u>matching</u> service and mailing addresses.





	EDCHOICE SCHOLARSHIP PROGRAM 2023-2024 RENEWAL FORM						
ATTE	ITION: Income verification is required for <u>all</u> scholarship applicants who want to be considered for low-income status.						
	Check below to indicate your intent to complete the income verification process.						
INCOME	Yes, I believe that I qualify for low-income status. To complete the Income Verification process, parents may submit online using the secure Income Verification system or click here to complete and mail the paper form. Emailing documents is NOT permitted.						
Ž	□ <u>No</u> , I am not interested in applying for low-income status. I either: 1) do not qualify for low-income status or 2) do not want my income verified by the program.						
_	***Proof of residency is required of all renewal applicants and must be submitted to the school with the application.***						
ADDRESS VERIFICATION	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 <u>MUST SHOW MATCHING SERVICE AND MAILING ADDRESS</u> 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.						
ADD VERIF	Other Acceptable Documents: A monthly mortgage statement (less than 90 days old) <u>OR</u> lease/rental agreement (signed by lessee and lessor) <u>AND</u> a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc) with parent/guardian's name and address. ***Additional information can be found on the <u>scholarship webpage</u> .***						
	2023-2024 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.						
•	prescribed by the policies of the school.						
•	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.						
•							
•	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 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						

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Ohio Department of Education