

EDCHOICE SCHOLARSHIP PROGRAM RENEWAL FORM 2023-2024

Z	***Student data MUST match the Birth Certificate***						
STUDENT INFORMATION	NAME:(First)		(Middle)		(Last)		
	DATE OF BIRTH: _		-		GENDER: ☐ FEMALE	□ MALE	
	GRADE STUDENT WAS IN ON JANUARY 1, 2023:						
	SCHOOL CURREN	SCHOOL CURRENTLY ATTENDING:					
	WHAT SCHOOL DISTRICT DO YOU LIVE IN?:						
PARE	NT/GUARDIAN	I SIGNING SCI	HOLARSHIP CHECKS				
	E (CHECK ONE)	☐ Natural Parent	☐ Residential Parent ☐ of student applying for scholarshi	•			
PRIMARY PARENT/GUARDIAN	NAME:	(First)	(Middle	e)	- (Las	est)	
	DATE OF BIRTH: _	DATE OF BIRTH: LAST FOUR DIGITS OF SSN:					
	PHYSICAL ADDRE	SS:					
	CITY:		STATE:	ZIP CODE:	COUN	ITY:	
				L ADDRESS:			
	RELATIONSHIP TO	STUDENT:					
SECONDARY Parent/Guardian	NAME:	(First)	(Middle)	- (Las	st)	
	DATE OF BIRTH:		LAST FOUR DI	LAST FOUR DIGITS OF SSN:			
	PHYSICAL ADDRESS:						
			STATE:				
	PHONE NUMBER:		EMAIL ADDR	EMAIL ADDRESS:			
	RELATIONSHIP TO STUDENT:						

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



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	NTION: Income verification is not required to apply for a Traditional EdChoice Scholarship. Families may qualify for low-income status if they choose to have ne verified for the Traditional EdChoice Scholarship.***						
	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 <u>secure Income</u> <u>Verification system</u> or <u>click here</u> 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.						
Z	***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 address 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.						
ADI VERIF	Other Acceptable Documents: 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. ***Additional information can be found on the scholarship webpage.***						
	2023-2024 EDCHOICE PARENT AGREEMENT						
	I AGREE TO THE FOLLOWING:						
	(Parent Name)						
•	The information provided in this application is true and correct.						
•							
	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.						
•	• 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 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.						
•	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)						
	(Name of Private School)						
	through the Ohio Department of Education's electronic application system. By signing below, I agree to the above statements.						

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Department of Education

Date Signed

of

Signature of Parent/Legal Guardian signing the tuition check