

**EDCHOICE SCHOLARSHIP PROGRAM 2021-2022 RENEWAL FORM**

\*\*\*Please use birth certificate for student data.\*\*\*

**STUDENT INFORMATION**

NAME: \_\_\_\_\_  
FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: MALE  FEMALE

GRADE STUDENT WAS IN ON JANUARY 1, 2021: \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING? \_\_\_\_\_

WHAT SCHOOL DISTRICT DO YOU LIVE IN? \_\_\_\_\_

WAS YOUR STUDENT ACCEPTED FOR ENROLLMENT? PLEASE CHECK ONE  YES  NO

ARE THERE ANY SIBLINGS ATTENDING THIS SCHOOL? IF YES, PLEASE LIST HERE:  
 \_\_\_\_\_

**Guardian Signing Scholarship Checks**

I am the (check one)

- Natural Parent
- Adoptive Parent
- Residential Parent

- Legal Custodian (court documents required)
- Guardian of student applying for scholarship funds
- Student is at least eighteen years of age

**PRIMARY GUARDIAN**

NAME: \_\_\_\_\_  
FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN# LAST FOUR DIGITS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

**SECONDARY GUARDIAN**

NAME: \_\_\_\_\_  
FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN# LAST FOUR DIGITS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

**MUST ATTACH A COPY OF A CURRENT UTILITY BILL SHOWING SERVICE & MAILING ADDRESS AND RETURN TO PRIVATE SCHOOL.**

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Please review the list below for acceptable forms of address proof.

ADDRESS VERIFICATION

Proof of residency is required of all first-year and renewal applicants and must be submitted to the school with the application. Parents/Guardians must document residency by providing the school with a current (less than 3 months old) utility bill. The utility bill MUST SHOW MATCHING SERVICE AND MAILING ADDRESS in the name of the parent/guardian. Post office boxes and Cell Phone Bills have no Service Address and therefore are not accepted.

Acceptable Utilities (must show matching service and mailing address: Electric, Gas, Water, Sewer, Cable/Internet. Other Acceptable Documents: Monthly mortgage statement and signed Lease/rental agreement and one (1) other official document with parent's name and address. Additional information can be found on the scholarship webpage.

INCOME VERIFICATION

**EXPANSION APPLICANTS: INCOME VERIFICATION MUST BE COMPLETED TO QUALIFY FOR THE EXPANSION SCHOLARSHIP THROUGH EDCHOICE.**

By checking below you are indicating you will complete the income verification process. Please obtain the Income Verification form from the school OR from the EdChoice web site at <http://education.ohio.gov/edchoice>.

- YES, I believe that I qualify for low income status. I will submit a completed Income Verification Form and supporting documents to the EdChoice Office listed on the form.
- NO, 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.

**2021-2022 EDCHOICE PARENT AGREEMENT**

I \_\_\_\_\_

agree to the following:

- \* 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 Scholarship application for the 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: our family has moved to another city school district and our new neighborhood public school is not a designated EdChoice school, my child fails to take each state achievement test required for his/her grade level, my child has more than twenty unexcused absences during the school year, or I fail to complete the renewal process. If my child has received an EdChoice Expansion Scholarship I must maintain Ohio residency and verify my income annually.
- \* 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: \_\_\_\_\_ (Name of Private School)

to submit an application on my behalf for the Scholarship Program through the Ohio Department of Education electronic application system. BY SIGNING BELOW, I AGREE TO ALL THE ABOVE STATEMENTS.

\_\_\_\_\_  
Signature of Legal Guardian Signing the Tuition Check

\_\_\_\_\_  
Date Signed

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