



Ohio EdChoice Scholarship Program

2008/2009 Scholarship Request Form

Student Information (please print or type)

Full Name _____						
	First	Middle Name	Last			
Date of Birth	/ /	SSN	- -	Gender (circle one)	M	F
Native Language _____			Current Grade in School _____			
Ethnicity (circle one)	White	Black	Hispanic	Multiracial	Asian/Pacific Islander	American Indian/Alaskan Native

Scholarship Eligibility

School district of residence (e.g. Toledo, Lima, etc.) _____
Select the one option below that applies to this student:
<input type="checkbox"/> Student will be starting kindergarten in the fall and will be assigned to a designated public school _____ <div style="text-align: center;">Name of designated public school</div>
<input type="checkbox"/> Student is currently attending a designated public school in their resident district _____ <div style="text-align: center;">Name of designated public school</div>
<input type="checkbox"/> Student is currently attending a community school (charter school) _____ <div style="text-align: center;">Name of community school (charter school)</div> But would be assigned to a designated public school _____ <div style="text-align: center;">Name of designated public school</div>
<input type="checkbox"/> Student is currently attending a public or charter school in their resident district _____ <div style="text-align: center;">Name of public or charter school</div> But will be assigned to attend a designated public school next year _____ <div style="text-align: center;">Name of designated public school</div>

Family Information

1) Primary Guardian - This guardian will be responsible for signing checks at school

Parent/Guardian Name

First

Middle Name

Last

Parent/Guardian Birth Date (DOB)

/ /

Last 4 digits of Parent/Guardian SSN

Home

Address

Street

City

State

Zip Code

Home
Phone

Cell
Phone

E-Mail

Relationship to student

2) Secondary Guardian - Optional

Parent/Guardian Name

First

Middle Name

Last

Parent/Guardian Birth Date (DOB)

/ /

Last 4 digits of Parent/Guardian SSN

Home

Address

Street

City

State

Zip Code

Home
Phone

Cell
Phone

E-Mail

Relationship to student

Financial Information

I believe our family income is at or below 200 percent of the federal poverty limit. I am requesting low income priority. (Please check box if this applies) An income verification company (PSAS or FACTS) will be contacting you to verify your family size and income.

Please attach a copy of the student's birth certificate and proof of your address, such as a copy of your most recent utility bill.

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I _____ agree to the following:

Name of Primary Parent/Guardian

- The information provided in this application is true and correct.
- I am [check one of the following] ___ the natural parent; ___ adoptive parent; ___ residential parent (in cases of divorce or dissolution); ___ legal custodian; ___ guardian of the student applying for EdChoice Scholarship funds, OR ___ a student who is at least eighteen years of age.
- 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 check 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 scholarship 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 my income is over 200 percent of the federal poverty level, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school, and I will have the opportunity to provide services in-kind, in lieu of a cash payment.
- I will inform the chartered nonpublic school and ODE of changes in family income that would impact whether or not the student is at or below 200 percent of the federal poverty level.
- 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 eligible to receive scholarships in subsequent years if the student moves outside of his/her current public school district and into the attendance area of a public school building that is not designated for EdChoice; fails to take each state test prescribed for the student's grade level; or the student is absent for more than twenty days, not including documented excused absences.
- I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.

I designate: _____ (Name of private school) to submit an application on my behalf for the Educational Choice Scholarship Program through the Ohio Department of Education's Web-based EdChoice Student Application System.

Parent/Guardian Signature

Date

This Form must be submitted to the private school listed above and kept on file for Audit Purposes.