

**EDCHOICE SCHOLARSHIP PROGRAM
2019-2020 REQUEST FORM**

STUDENT INFORMATION	***Please reference <u>Birth Certificate</u> for student data***	
	NAME: _____ (First) (Middle) (Last)	
	DATE OF BIRTH: _____	GRADE LEVEL on January 1, 2019: _____
	GENDER: Female _____ Male _____	CITY OF BIRTH: _____
	LAST FOUR DIGITS SS#: _____	MOTHER'S MAIDEN NAME _____
	NATIVE LANGUAGE: _____	ETHNICITY: _____
	HAS THIS CHILD EVER ATTENDED AN OHIO PUBLIC SCHOOL? IF SO, WHERE: District _____, Building _____, Year _____	

Guardian Signing Scholarship Checks	
<input type="radio"/> Natural Parent <input type="radio"/> Legal Guardian of student applying for scholarship funds (court documents required) <input type="radio"/> Adoptive Parent <input type="radio"/> Student is at least eighteen years of age <input type="radio"/> Residential Parent	
I am the (check one)	
PARENT/GUARDIAN	NAME: _____ (First) (Middle) (Last)
	DATE OF BIRTH: _____ LAST FOUR DIGITS SS#: _____
	PHYSICAL ADDRESS: _____
	CITY, STATE, ZIP: _____ COUNTY: _____
	PHONE: _____ E-MAIL: _____
	RELATIONSHIP TO STUDENT: _____

SECONDARY PARENT/GUARDIAN	NAME: _____ (First) (Middle) (Last)
	DATE OF BIRTH: _____ LAST FOUR DIGITS SS#: _____
	PHYSICAL ADDRESS: _____
	CITY, STATE, ZIP: _____ COUNTY: _____
	PHONE: _____ E-MAIL: _____
	RELATIONSHIP TO STUDENT: _____

ATTENTION EXPANSION APPLICANTS: INCOME VERIFICATION MUST BE COMPLETED TO APPLY FOR THE EDCHOICE EXPANSION SCHOLARSHIP	
INCOME	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 website: www.edchoice.org .
	<input type="checkbox"/> 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. <input type="checkbox"/> 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.

RETURN TO THE PRIVATE SCHOOL WITH BIRTH CERTIFICATE AND UTILITY BILL BEFORE THE DEADLINE OF APRIL 30, 2019

**EDCHOICE SCHOLARSHIP PROGRAM
2019-2020 REQUEST FORM**

Information below **MUST** be completed to determine eligibility. My student is **CURRENTLY** attending a (check **ONLY** one and enter the school name).

SCHOOL INFORMATION	<input type="checkbox"/> Public School _____
	<input type="checkbox"/> Charter/Community School _____
	<input type="checkbox"/> Private School _____
	<input type="checkbox"/> Home Schooled (Never attend an Ohio School) _____
	<input type="checkbox"/> New to Ohio _____
	<input type="checkbox"/> Pre-School _____
	<input type="checkbox"/> Other _____
	Name of public school district you live in (e.g. Elyria City, Mansfield City, etc.) _____
Name of public school building your child would be assigned to for the 2019-2020 School Year: _____	

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

2019-2020 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.
- * 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: _____

RETURN TO THE PRIVATE SCHOOL WITH BIRTH CERTIFICATE AND UTILITY BILL BEFORE THE DEADLINE OF APRIL 30, 2019

**EDCHOICE SCHOLARSHIP PROGRAM
2019-2020 INCOME VERIFICATION FORM**

Income Verification is one step in the scholarship application process. Your child must also be enrolled at a participating school. The Income Verification Process is important for some families to determine if they meet low income requirements of the scholarship program. If you are a new applicant of the Scholarship and you qualify for low income status, you will not have to pay tuition above the amount of the scholarship. If you are a new or renewal applicant of the EdChoice Expansion Scholarship, you must complete the income process every year to receive a scholarship award.

Helpful tools can be found on the scholarship website at: <http://education.ohio.gov/edchoice> If you have more than one child applying for a scholarship, only one income verification form is needed. The scholarship office is not able to return original documents to you; please send only copies.

This form and copies of income documents must be mailed to the address below ON BACK OF THIS FORM by the deadline April 30, 2019:

#1

PRIMARY PARENT

NAME: FIRST MIDDLE LAST MARITAL STATUS

DATE OF BIRTH: GENDER: F M LAST FOUR DIGIT SS#:

ADDRESS:

CITY: OHIO ZIP CODE: RECEIVES INCOME: Y N

PHONE: E-MAIL:

Name of Private school where your child is enrolled

LIST ALL MEMBERS OF YOUR HOUSEHOLD -- Including scholarship students, make a copy of this page if more space is needed.

#2

NAME: FIRST MIDDLE LAST

DATE OF BIRTH: GENDER: F M LAST FOUR DIGIT SS#:

RELATIONSHIP TO YOU:

SCHOLARSHIP STATUS (CHECK ONE): NEW: RENEWAL: NA: RECEIVES INCOME: Y N

#3

NAME: FIRST MIDDLE LAST

DATE OF BIRTH: GENDER: F M LAST FOUR DIGIT SS#:

RELATIONSHIP TO YOU:

SCHOLARSHIP STATUS (CHECK ONE): NEW: RENEWAL: NA: RECEIVES INCOME: Y N

#4

NAME: FIRST MIDDLE LAST

DATE OF BIRTH: GENDER: F M LAST FOUR DIGIT SS#:

RELATIONSHIP TO YOU:

SCHOLARSHIP STATUS (CHECK ONE): NEW: RENEWAL: NA: RECEIVES INCOME: Y N

#5

NAME: FIRST MIDDLE LAST

DATE OF BIRTH: GENDER: F M LAST FOUR DIGIT SS#:

RELATIONSHIP TO YOU:

SCHOLARSHIP STATUS (CHECK ONE): NEW: RENEWAL: NA: RECEIVES INCOME: Y N

EDCHOICE SCHOLARSHIP PROGRAM 2019-2020 INCOME VERIFICATION FORM

2019 FEDERAL POVERTY GUIDELINES
Source: Office of the Asst. Sec. for Planning & Eval/US Dept. of HHS.

EdChoice families qualify for low income status if income is at or below 200% of the Federal Poverty Guidelines. This chart will help you determine if you may qualify.

- Income status determines priority for awarding scholarships.
- It also determines if your family will be responsible for paying any tuition that is not covered by the scholarship.

Based on the number of people in your household, if your gross annual income is the amount listed on the chart or less, you may qualify for low income status.

Household size is determined by the following: the scholarship student, the birth mother or the legal guardian of the scholarship student, the spouse (also includes birth father of any child in the household), all children under the age of 18 which the legal guardian or spouse also has legal custody.

Based on your household, determine from the list below which one fits your status. For example: If your status is #1 of the choices below, you only have to submit the documents for one of the options, not all of them.

Number in Household	Gross Annual Amount (200%)
1	\$24,980
2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860
For each additional person add:	\$8,840

You must provide documentation for all sources of income in your household. Documents should representative your CURRENT income. Please do not send original documents as they cannot be returned to you.

- If you are currently employed (and have the same job you had all of last year): **Send 4 current pay stubs for each job or your W-2s.**
- If you are currently employed (but did not work your current job for all of last year): **Send 4 current pay stubs for each job.**
- If you are self-employed: **Send a copy of your 2018 federal income tax forms, including all Schedules.**
- If you receive other income sources: (eg., **food stamps/OWF, child support, unemployment, Social Security, etc.:**) **Send copies of official documentation that shows how much you receive from each one.**

Example: If you currently work and receive food stamps and child support, you need to send in four current pay stubs, official documentation that shows how much you receive in food stamps, and official documentation that shows how much you receive in child support.

- If no income or you do not have pay stubs or W-2's: **Provide your 2018 federal tax transcript from the IRS (WWW.IRS.GOV)**

INCOME INFORMATION

List each person that has earned or unearned income. If someone has more than one source of income, use multiple lines.

First and Last Name	Name of Employer or Income Source	Gross Amount Before Taxes	How Often Received
Example: John Smith	Employment-Kroger	\$1200	Bi-Weekly
Example: Jane Smith	Child Support	\$475	Monthly

X

SIGNATURE OF PRIMARY LEGAL GUARDIAN REQUIRED

DATE

PLEASE RETURN THIS FORM AND ALL INCOME DOCUMENT COPIES TO THE ADDRESS BELOW.

MUST BE SUBMITTED BY April 30, 2019 TO:

**Ohio Department of Education, Scholarship Program Office
25 S. Front Street, Mail Stop 309 Columbus, Ohio 43215**

NO FAXES ACCEPTED

01-18-2019

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