

**EDCHOICE SCHOLARSHIP PROGRAM
2018-2019 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	Public School _____
	Charter/Community School _____
	Private School _____
	Home Schooled (Never attend an Ohio School) _____
	New to Ohio _____
	Pre-School _____
	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 2018-2019 School Year: _____	

ADDRESS VERIFICATION	Proof of residency is required of all first-year and renewal applicants. Documents submitted must contain the parent/guardian's name, current address, and the date. The date should be current. Post office boxes are not acceptable. Most utility bills still show the "for service at" location, which will indicate where the gas, electric, etc. is being used. Parents/guardians must document residency by providing the school with one of the following utility bills (to be accompanied with their request or renewal forms):	
	<p>Cell Phone Bills are not accepted. Entire utility bill must be submitted showing matching service and mailing address.</p> <p>Additional information can be found on the scholarship webpage.</p>	<p>Utility Bills: Electric, Gas, Water, Sewer/water, Cable/Internet, OR Lease/rental agreement and one (1) other official document, OR Monthly mortgage statement.</p>

2018-2019 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, 2018

**EDCHOICE SCHOLARSHIP PROGRAM
2018-2019 REQUEST FORM**

STUDENT INFORMATION	***Please use Birth Certificate for student data***		
	NAME: _____	_____	_____
	(First)	(Middle)	(Last)
	DATE OF BIRTH: _____	GRADE LEVEL on January 1, 2018: _____	
	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

I am the (check one)

- | | |
|--|---|
| <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 | |

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.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.

RETURN TO THE PRIVATE SCHOOL WITH BIRTH CERTIFICATE AND UTILITY BILL BEFORE THE DEADLINE OF APRIL 30, 2018

How to Complete the Income Verification Process

Income verification is the second half of the application/renewal process which you have initiated at a participating nonpublic school of your choice. The purpose of this process is to ensure that our program has obtained all the necessary information to determine your income status.

1. Obtain the Income Verification Form on our website at: <http://education.ohio.gov/edchoice> or the nonpublic school where you have applied for or renewed a scholarship.
 - Select the link labeled “For Parents” in the Quick Links section.
 - Next scroll down the page for *Documents*.
2. Complete the parent/guardian information on page 1, filling in all lines. This should be the same information you’ve provided on the scholarship application/renewal form.
3. List household members (i.e. spouse, children) on page 1 and provide the information requested.
4. Write your sources of income on page 2 and provide copies of acceptable, supporting documentation.
5. Sign at the bottom of page 2.
6. Attach all necessary income documentation. A list of acceptable documentation is provided on page 2 of the form. **DO NOT** send original documents. Make copies (ex. W-2, check stubs, etc.) to send to our office.
7. Mail the Income Verification form and supporting income documentation to the Scholarship Program address as indicated on the form by the deadline.
8. Submit only one (1) form per family. (Ex. A family with 3 students in the program only needs to send the form one time per school year.)
9. Keep a copy for your records.

Please email our program if you have questions at edchoice@education.ohio.gov



EDCHOICE SCHOLARSHIP PROGRAM 2018-2019 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 or renewal 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. The form and copies of income documents must be mailed to the address below by the deadline April 30, 2018:

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

#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 Please 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
2018-2019 INCOME VERIFICATION FORM**

2018 FEDERAL POVERTY GUIDELINES
Source: *Off 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.

- o Income status determines priority for awarding scholarships. It also determines if you family will be responsible for paying any tuition that is not covered by the scholarship.
- o 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.
- o Household size is determined by the following: the scholarship student, the legal guardian of the scholarship student, the spouse of the legal guardian or birth father of any child under the age of 18 which the legal guardian also has custody.
- o Based on your household, determine from the list below which one fits your status. For example: If your status is #1 AND #4, submit the documents for both.

Number in Household	Gross Annual Amount (200%)
1	\$24,280
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760
For each additional person add:	\$8,640

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.

- 1) 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.
- 2) 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.
- 3) If you are self-employed: Send a copy of your 2017 income tax forms, including Schedule C (the Profit and Loss statement).
- 4) 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.

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

INCOME INFORMATION

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

Signature of Primary Legal Guardian Required

Date

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

Deadline to submit is April 30, 2018
01.24.2018

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

NO FAXES ACCEPTED