

EDCHOICE SCHOLARSHIP PROGRAM 2023-2024 REQUEST FORM

STUDENT INFORMATION	***Student data MUST match the Birth Certificate*** NAME: _____ (First) (Middle) (Last) DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE MOTHER'S MAIDEN LAST NAME: _____ NATIVE LANGUAGE: _____ ETHNICITY: _____ CITY OF BIRTH: _____ GRADE LEVEL FOR 2022-2023: _____ GRADE LEVEL FOR 2023-2024: _____ IS THE STUDENT AN INCOMING KINDERGARTENER? HAS THE STUDENT EVER ATTENDED ANY OHIO PUBLIC SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE?: (ANSWER BELOW) IS THE STUDENT AN INCOMING HIGH SCHOOLER? <input type="checkbox"/> YES <input type="checkbox"/> NO DISTRICT: _____ BUILDING: _____ YEAR: _____	
	PARENT/GUARDIAN SIGNING SCHOLARSHIP CHECKS I AM THE (CHECK ONE) <input type="checkbox"/> Natural Parent <input type="checkbox"/> Residential Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Student who is at least eighteen years of age <input type="checkbox"/> Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility required)	
PRIMARY PARENT/GUARDIAN	NAME: _____ (First) (Middle) (Last) DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____ PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____ RELATIONSHIP TO STUDENT: _____	
	NAME: _____ (First) (Middle) (Last) DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____ PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____ RELATIONSHIP TO STUDENT: _____	
SECONDARY PARENT/GUARDIAN	NAME: _____ (First) (Middle) (Last) DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____ PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____ RELATIONSHIP TO STUDENT: _____	
	NAME: _____ (First) (Middle) (Last) DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____ PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____ RELATIONSHIP TO STUDENT: _____	
SCHOOL INFORMATION	***Information MUST be completed to determine eligibility.*** My student is currently (Check only <u>one</u> box): <input type="checkbox"/> Attending a public school <input type="checkbox"/> Attending a charter/community school <input type="checkbox"/> Attending a private school <input type="checkbox"/> Homeschooled (Never attended an Ohio school) <input type="checkbox"/> New to Ohio <input type="checkbox"/> Attending Pre-school <input type="checkbox"/> Other: _____ Name of School the student is currently attending: _____ Name of public school district you live in: _____ Name of public school building the student would be assigned to for the 2023-2024 school year: _____	
	Return to the private school with student's birth certificate AND a current utility bill showing <u>matching</u> service and mailing addresses.	

EDCHOICE SCHOLARSHIP PROGRAM 2023-2024 REQUEST FORM*****ATTENTION:** Income verification is required for:

- 1.) New Expansion Scholarship applicants who are eligible based on the household income criteria, and
- 2.) All Scholarship applicants who want to be considered for low-income status.

INCOME*****Check below to indicate your intent to complete the income verification process.*****

- ☐ **Yes**, I believe that I qualify for low-income status. To complete the Income Verification process, parents may submit online using the [secure Income Verification system](#) or [click here](#) to complete and mail the paper form. Emailing documents is **NOT** permitted.
- ☐ **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.

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 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill **MUST SHOW MATCHING SERVICE AND MAILING ADDRESS** 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.

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.
- 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: 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)

through the Ohio Department of Education's electronic application system. BY SIGNING BELOW, I AGREE TO THE ABOVE STATEMENTS.

Signature of Parent/Legal Guardian signing the tuition check

Date Signed

Return to the private school with **student's birth certificate** AND a **current utility bill** showing matching service and mailing addresses.

SCHOLARSHIP PROGRAM 2023-2024 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 an 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 applicant of the EdChoice-Expansion Scholarship, you must complete the income process to receive a scholarship award. **It is recommended that you use the secure online [Income Verification System](#) to complete this process**, or you may complete this form and mail it and copies of income documents to the address on page three (3) of this form. The scholarship office is not able to return original documents to you; please send only copies. If you have more than one child applying for a scholarship, only one income verification form is needed. Helpful tools can be found on the scholarship website at [EdChoice Scholarship](#) or [Cleveland Scholarship](#).

PRIMARY PARENT/GUARDIAN	NAME: _____ (First) (Middle) (Last) MARTIAL STATUS REQUIRED			
	DATE OF BIRTH: _____		GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
	LAST FOUR DIGITS OF SSN: _____			
	PHYSICAL ADDRESS: _____			
	CITY: _____		OHIO ZIP CODE: _____	
	RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO			
	PHONE NUMBER: _____ EMAIL ADDRESS: _____			
NAME OF PRIVATE SCHOOL WHERE YOUR CHILD IS ENROLLED: _____				
LIST ALL MEMBERS OF YOUR HOUSEHOLD including scholarship student. Make a copy of this page if more space is needed.				
#2	NAME: _____ (First) (Middle) (Last)			
	DATE OF BIRTH: _____		GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
	LAST FOUR DIGITS OF SSN: _____			
	RELATIONSHIP TO YOU: _____			
	SCHOLARSHIP STATUS (CHECK ONE): NEW: <input type="checkbox"/> RENEWAL: <input type="checkbox"/> N/A: <input type="checkbox"/>		RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO	
#3	NAME: _____ (First) (Middle) (Last)			
	DATE OF BIRTH: _____		GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
	LAST FOUR DIGITS OF SSN: _____			
	RELATIONSHIP TO YOU: _____			
	SCHOLARSHIP STATUS (CHECK ONE): NEW: <input type="checkbox"/> RENEWAL: <input type="checkbox"/> N/A: <input type="checkbox"/>		RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO	
#4	NAME: _____ (First) (Middle) (Last)			
	DATE OF BIRTH: _____		GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
	LAST FOUR DIGITS OF SSN: _____			
	RELATIONSHIP TO YOU: _____			
	SCHOLARSHIP STATUS (CHECK ONE): NEW: <input type="checkbox"/> RENEWAL: <input type="checkbox"/> N/A: <input type="checkbox"/>		RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO	
#5	NAME: _____ (First) (Middle) (Last)			
	DATE OF BIRTH: _____		GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
	LAST FOUR DIGITS OF SSN: _____			
	RELATIONSHIP TO YOU: _____			
	SCHOLARSHIP STATUS (CHECK ONE): NEW: <input type="checkbox"/> RENEWAL: <input type="checkbox"/> N/A: <input type="checkbox"/>		RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO	

SCHOLARSHIP PROGRAM 2023-2024 INCOME VERIFICATION FORM

Traditional EdChoice and Cleveland Scholarship applicants qualify for low-income status if income is at or below 200% of the Federal Poverty Guidelines. **Note that first-time applicants for EdChoice-Expansion are eligible for scholarships if income is at or below 250% of poverty.**

However, only scholarship families with a household gross income of 200% or lower qualify for low-income status. This means that the private school cannot charge these families for any tuition that is not covered by the scholarship. Scholarship families with a household gross income of 201% or higher are responsible for paying any tuition difference not covered by the scholarship. 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, you may qualify for low-income status if your gross annual income is the amount listed on the chart or less.

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.

2023 FEDERAL POVERTY GUIDELINES

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

NUMBER IN HOUSEHOLD	GROSS ANNUAL AMOUNT (200%)	GROSS ANNUAL AMOUNT (250%)
1	\$29,160	\$36,450
2	\$39,440	\$49,300
3	\$49,720	\$62,150
4	\$60,000	\$75,000
5	\$70,280	\$87,850
6	\$80,560	\$100,700
7	\$90,840	\$113,550
8	\$101,120	\$126,400
FOR EACH ADDITIONAL PERSON ADD:	\$10,2800	\$12,850

You must provide documentation for all sources of income in your home. The documents must represent current income. Do not send original documents, as they cannot be returned. Block the first 5 digits of all social security numbers in all documents leaving only the last 4 digits to be seen. See page 3 for acceptable income documents.

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 Example: Jane Smith	Employment- Kroger Child Support	\$1200 \$475	Bi-Weekly Monthly

X _____
SIGNATURE OF PRIMARY PARENT/LEGAL GUARDIAN REQUIRED

DATE

How to Complete the Income Verification Process

1. Obtain the Income Verification Form on our website at: <http://education.ohio.gov/edchoice> or <http://education.ohio.gov/clevelandscholarship> or the nonpublic school where you have applied for or renewed a scholarship. (Complete pages 1 and 2 of this document)
2. Complete the parent/guardian information on page 1, filling in all lines. This should be the same information you have provided on the scholarship application/renewal form.
3. List household members (i.e. spouse, children) on page 1 and provide all 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. Do not return page 3.
6. Based on your household, determine from the list below which one fits your status. For example: If your status is (a) of the choices below, you only have to submit the documents for that option, not all of them.
 - a) If you are currently employed, and have the same job you had all of last year, send either 4 current pay stubs for each job, your W-2 forms, your 2022 Federal Income Tax Return forms or your 2022 Federal Income Tax transcripts which may be obtained at : WWW.IRS.GOV or by mailing the 4506-T form to the IRS.
 - b) 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.
 - c) If you are self-employed, send a copy of your 2022 Federal Income Tax Return forms, including all schedules or your 2022 Federal Income Tax transcript.
 - d) If you receive other income sources such as food stamps/OWF, child support, unemployment, Social Security, etc., then you must send copies of official documentation which show how much you receive from each source. Example: If you currently work and receive food stamps and child support, you must submit 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.
 - e) If you have no income or you do not have pay stubs or W-2's, provide your 2022 Federal tax transcript from the IRS. Go to WWW.IRS.GOV. Please mail the request form to the IRS and once you receive your transcript, please mail a copy of that form to our office with the Income Verification form.
 - f) If you are recently unemployed, please provide a separation letter from your previous employer stating your last day of employment and your last paycheck stub.

DO NOT send original documents. Make copies (ex. W-2, check stubs, etc.) to send to our office and block the first 5 digits of all social security numbers on all documents only leaving the last 4 digits to be seen. 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.) Keep a copy for your records.

Income Verification may be mailed or submitted electronically. The Income Verification form with supporting income documents may be mailed to the **Ohio Department of Education, Scholarship Program Office 25 S. Front Street, Mail Stop 309, Columbus, Ohio 43215-4183.**

To submit online for processing, parents can [visit our website](#) for instructions to access the parent portal and guidance to submit electronically. Parents are responsible for submitting the Income Verification documents, not the private school. Contact Scholarship Program at 614-728-2743, or by email at edchoice@education.ohio.gov or cleveland.scholarship@education.ohio.gov, if you have any questions.