EDCHOICE SCHOLARSHIP PROGRAM 2023-2024 RENEWAL FORM

		Student data MUST match the Birth Certificate						
0		NAME:						
TAI		SOS MILLEONA RES SIGNA	(First)	(Midd	le)	(Last)		
ORN		DATE OF BIRTH: _				GENDER: ☐ FEMALE	ПМАГЕ	
STUDENT INFORMATION			SENSEN. EL LEWALE	LI WALL				
		GRADE STUDENT WAS IN ON JANUARY 1, 2023:						
		SCHOOL CURRENTLY ATTENDING:						
ST		WHAT SCHOOL DI		(a)				
DAD		IT/CILADDIAA						
PAR	EN	II/GUARDIAN	I SIGNING SCH	OLARSHIP CHECKS	•			
IAMT	THE	(CHECK ONE)	☐ Natural Parent	Residential Parent	☐Adoptive Parent ☐	☐ Student who is at least e	NDER: FEMALE MALE Ident who is at least eighteen years of age or Affidavit of Eligibility required) (Last) (Last)	
			∐Legal Guardian of	f student applying for scholars	hip funds (court docum	ents or Affidavit of Eligibili	ty required)	
2		NAME:	(First)	(Mid	410)			
20			(1 11 00)	(Mid	ile)	(Last)	=	
PRIMARY NT/GUAR		DATE OF BIRTH: _		LAST FOUR	DIGITS OF SSN:			
IM/		PHYSICAL ADDRES	SS:					
PRIMARY Parent/Guardian							γ.	
PAR								
	_							
		NAME:						
NDARY SUARDIAN		TVAIVIL.	(First)	(Mido	lle)	(Last)		
					(8)			
		DATE OF BIRTH:		LAST FOUR [
SECOND RENT/GU		PHYSICAL ADDRES	SS:					
SECOND ARENT/GU		CITY:		STATE:	ZIP CODE:	COUNT	Y:	
PA		PHONE NUMBER: _		EMAIL ADDI	RESS:	8		
				<i>**</i>				

Return to the private school with a copy of current utility bill showing matching service and mailing addresses.

TTEN		PROGRAM 2023-2024 RENEWAL FORM					
116		plicants who want to be considered for low-income status.***					
	Check below to indicate your intent to complete the income verification process.						
	☐ <u>Yes</u> , I believe that I qualify for low-income status. To complete the Income Verification process, parents may submit online using the <u>secure Income</u> <u>Verification system</u> or <u>click here</u> to complete and mail the paper form. Emailing documents is <u>NOT</u> 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 to program.						
Z	***Proof of residency is required of all renewal applicants ar	nd must be submitted to the school with the application.***					
VERIFICATION	Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewe 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.						
VERIF	Other Acceptable Documents: A monthly mortgage statement (le of current business mail (examples: pay stub, bank statement, in ***Additional information can be found on the scholarship webpa	uss than 90 days old) <u>OR</u> lease/rental agreement (signed by lessee and lessor) <u>AND</u> a pi surance statement, car payment statement, etc) with parent/guardian's name and addres ge.***					
	2023-2024 EDCHO	DICE PARENT AGREEMENT					
	AGREE TO THE FOLLOWING:						
	(Parent Name)	E TO THE # OLLOWING.					
	The information provided in this application is true and correct.						
•		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 studen	t.					
•	The scholarship amount shall only be applied to the tuition of the	ne 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 cabool.	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 payin	of my student in a timety manner. I understand that it I fall to endorse the different student's fulfilm					
•	If I transfer my scholarship to another participating chartered no to the original school to sign any remaining checks.	onpublic school, I will notify the school of my intent to withdraw and I will return					
•	which the student is accepted for enrollment.	adjustments made regularly available to the students attending the school in					
•	I will ablde by the Ohio Department of Education (ODE) dispute If I am not a low-income parent or did not complete the income scholarship amount and the tuition of the chartered nonpublic s	resolution process outlined in Ohio Administrative Code Section 3301-11-14, verification process, I will be responsible for paying any difference between the chool.					
•	I must inform ODE and the chartered nonpublic school of any c	hange 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 (applic	cable only to students who were initially awarded a scholarship based on an					
•	EdChoice designated building); 2) my child does not complete a for the school year; or 4) I fail to complete the renewal process. residency.	all required assessments; 3) my child has more than 20 unexcused absences if my child received an EdChoice Expansion scholarship, I must maintain Ohio					
•	I have received and understand the policy handbook of the char	rtered 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 scho						
	l 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	n system. BY SIGNING BELOW, I AGREE TO THE ABOVE STATEMENTS.					
	Signature of Parent/Legal Guardian signing the tuition check	Date Signed					