

**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"/>
<input type="radio"/>	Adoptive Parent	Legal Guardian of student applying for scholarship funds (court documents required)
<input type="radio"/>	Residential Parent	<input type="radio"/>
<input type="radio"/>		Student is at least eighteen years of age
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 .
	<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, 2018

**EDCHOICE SCHOLARSHIP PROGRAM
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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 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):	
	<table border="1"> <tr> <td>Cell Phone Bills are not accepted. Entire utility bill must be submitted showing matching service and mailing address.</td> <td>Utility Bills: Electric, Gas, Water, Sewer/water, Cable/Internet, OR Lease/rental agreement and one (1) other official document, OR Monthly mortgage statement.</td> </tr> </table>	Cell Phone Bills are not accepted. Entire utility bill must be submitted showing matching service and mailing address.
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Additional information can be found on the scholarship webpage.		

2018-2019 EDCHOICE PARENT AGREEMENT

(Parent Name) **AGREE TO THE FOLLOWING:**

- * 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

PROGRAMA DE BECAS DE EDCHOICE FORMULARIO DE SOLICITUD 2018-2019

Se DEBE completar la información a continuación para determinar la elegibilidad. Mi hijo estudiante asiste ACTUALMENTE a (Marque SOLO una opción y escriba el nombre de la escuela).

INFORMACIÓN DE LA ESCUELA

- Escuela pública _____
- Escuela subvencionada por el gobierno/comunitaria _____
- Escuela privada _____
- Educación en el hogar _____
- Preescolar _____
- Otra _____

Nombre del distrito de escuelas públicas en el que vive (p. ej., Elyria City, Mansfield City, etc.) _____

Nombre del establecimiento escolar al que se asignaría a su hijo para el año escolar 2018-2019: _____

VERIFICACIÓN DE LA DIRECCIÓN

Se requiere comprobante de domicilio de todo estudiante anualmente. Los documentos presentados deben contener el nombre del padre/de la madre/ del tutor, la dirección actual y fecha reciente. No se aceptan apartados postales. Las facturas de servicios deben mostrar la dirección en "para prestar servicio en", que indica dónde se utiliza el gas, la electricidad, etc. En el caso de los apartados postales, se debe presentar toda la factura para la revisión. Los padres/tutores deben documentar su residencia, proporcionándole a la escuela una de las siguientes facturas de servicios (para acompañar sus formularios de solicitud o de renovación):

* No se aceptan las facturas de teléfono celular. Se debe enviar toda la factura de servicios que muestra la correspondencia entre el servicio y la dirección postal.

Puede encontrar información adicional en la página web de la beca.

- | | |
|--------------|---|
| 1. Eléctrico | 4. Contrato de arrendamiento/alquiler y un (1) documento oficial de otro tipo |
| 2. Gas | 5. Cable/Internet |
| 3. Agua | 6. Declaración mensual de hipoteca |
| | 7. Alcantarillado |

ACUERDO DE LOS PADRES SOBRE LA BECA EDCHOICE 2018-2019

Yo _____ (nombre del padre/de la madre) acepto lo siguiente:

- * La información proporcionada en esta solicitud es verdadera y correcta.
- * He suministrado a la escuela privada subvencionada por el gobierno una copia certificada del acta de nacimiento del estudiante, copias de toda la documentación sobre la custodia/tutela del estudiante y una constancia de mi dirección.
- * He presentado solo una solicitud de beca EdChoice para este estudiante.
- * El monto de la beca únicamente se aplicará a la matrícula de la escuela en que se inscribe y es posible que se me obligue a pagar otras tarifas y costos, según se prescribe de acuerdo con las políticas de la escuela.
- * Firmaré todos los cheques de la beca que reciba la escuela privada para mi hijo estudiante en el momento oportuno. Entiendo que, si no endoso los cheques de la beca para la escuela, seré responsable de pagar la matrícula del estudiante.
- * Si transfiero mi beca a otra escuela privada subvencionada por el gobierno, notificaré a la escuela sobre mi intento de retirarla y regresaré a la escuela originaria para firmar los cheques restantes.
- * Solicitaré cualquier ayuda financiera o descuentos y ajustes de matrícula que haya regularmente a disposición del estudiante que asiste a la escuela en la que se aceptó al estudiante para la inscripción.
- * Adheriré al proceso de resolución de disputas del Departamento de Educación de Ohio (Ohio Department of Education, ODE) que se describe en la Sección 3301-11-14 del Código Administrativo de Ohio (Ohio Administrative Code).
- * Si no soy un padre/una madre con ingresos bajos o no completé el proceso de verificación de ingresos, seré responsable de pagar cualquier diferencia entre el monto de la beca y la matrícula de la escuela privada subvencionada por el gobierno.
- * Debo informar al ODE y a la escuela privada subvencionada por el gobierno sobre cualquier cambio en la dirección de residencia del estudiante o en el estado de la custodia.
- * No podré renovar la beca de mi hijo si: nuestra familia se ha mudado a otro distrito escolar de la ciudad y la escuela pública de nuestro nuevo vecindario no es una escuela designada por EdChoice; mi hijo no logra hacer cada prueba de desempeño académico estatal que se exige para el nivel de grado; mi hijo tiene más de veinte inasistencias sin justificación durante el año escolar o si no completo el proceso de renovación. Si mi hijo ha recibido la ampliación de la beca EdChoice, debo mantener la residencia en Ohio y verificar mis ingresos anualmente.
- * He recibido y entiendo el manual sobre la política de la escuela privada subvencionada por el gobierno y cumpliré sus disposiciones.
- * Entiendo que, si a mi hijo se le ha otorgado una beca por error, esta terminará de forma inmediata y seré responsable de pagar la matrícula, si decido mantener a mi hijo en la escuela privada.

Designo a: _____
(nombre de la escuela privada)

para presentar una solicitud en mi nombre para el Programa de becas a través del sistema de solicitudes electrónicas del Departamento de Educación de Ohio.

AL FIRMAR A CONTINUACIÓN, ACEPTO TODAS LAS DECLARACIONES ANTERIORES

Firma del tutor legal que firma el cheque de la matrícula: _____

Fecha: _____



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

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.

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

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

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

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.

- 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.
- 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 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.
- 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.

- 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 2017 income tax forms, including Schedule C (the Profit and Loss statement).
- 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

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

NO FAXES ACCEPTED

2018-2019 Income Requirements for Renewal EdChoice Expansion Students

Number in Household	Gross Annual Amount (200%)	Gross Annual Amount (300%)	Gross Annual Amount (400%)
1	\$24,280	\$36,420	\$48,560
2	\$32,920	\$49,380	\$65,840
3	\$41,560	\$62,340	\$83,120
4	\$50,200	\$75,300	\$100,400
5	\$58,840	\$88,260	\$117,680
6	\$67,480	\$101,220	\$134,960
7	\$76,120	\$114,180	\$152,240
8	\$84,760	\$127,140	\$169,520
For each additional person add:	\$8,640	\$12,960	\$17,280

Source: Office of the Assistant Secretary for Planning and Evaluation/US Dept of HHS

All families applying for an EdChoice expansion scholarship must have their income verified by the EdChoice Office. When applying for an EdChoice expansion scholarship for the first time, the total household income must be at or below 200% of the federal poverty guidelines (see chart above). All new expansion applicants must have a household income of 200% or lower to be awarded an expansion scholarship.

For EdChoice families who are renewing their child's expansion scholarship for the next school year, the amount of the scholarship to be awarded is based on where their family's household income falls on the federal poverty guidelines:

- 0% - 200% = full scholarship = maximum award of \$4,650
- 201% - 300% = 75% of the scholarship = maximum award of \$3487.50
- 301% - 400% = 50% of the scholarship = maximum award of \$2325
- Over 400% = cannot renew the scholarship

Expansion families with a household 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.

Expansion families with a household income of **201% or higher** are responsible for paying any tuition difference not covered by the scholarship.