

EDCHOICE SCHOLARSHIP PROGRAM 2018-2019 RENEWAL

\*\*\*Please use Birth Certificate for student data\*\*\*

STUDENT INFORMATION

NAME: FIRST MIDDLE LAST
DATE OF BIRTH: GENDER: MALE FEMALE
GRADE STUDENT WAS IN ON JANUARY 1, 2018:
SCHOOL CURRENTLY ATTENDING?
WHAT SCHOOL DISTRICT DO YOU LIVE IN?
WAS YOUR STUDENT ACCEPTED FOR ENROLLMENT? PLEASE CHECK ONE YES NO
ARE THERE ANY SIBLINGS ATTENDING THIS SCHOOL? IF YES, PLEASE LIST HERE:

Guardian Signing Scholarship Checks

I am the (check one)

- o Natural Parent
o Adoptive Parent
o Residential Parent
o Legal Custodian (court documents required)
o Guardian of student applying for scholarship funds
o Student is at least eighteen years of age

PRIMARY GUARDIAN

NAME: FIRST MIDDLE LAST
DATE OF BIRTH: SSN# LAST FOUR DIGITS:
PHYSICAL ADDRESS:
CITY, STATE, ZIP: COUNTY:
PHONE: E-MAIL:
RELATIONSHIP TO STUDENT:

SECONDARY GUARDIAN

NAME: FIRST MIDDLE LAST
DATE OF BIRTH: SSN# LAST FOUR DIGITS:
PHYSICAL ADDRESS:
CITY, STATE, ZIP:
PHONE: E-MAIL:
RELATIONSHIP TO STUDENT:

PLEASE ATTACH A CURRENT UTILITY BILL AND RETURN TO PRIVATE SCHOOL BY APRIL 30, 2018.

### EDCHOICE SCHOLARSHIP PROGRAM 2018-2019 RENEWAL FORM

Please review the list below for acceptable forms of address proof.

ADDRESS VERIFICATION

Proof of residence 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. 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):

\* Cell Phone Bills are not accepted. Entire utility bill must be submitted showing matching service and mailing address. Additional information can be found on the EdChoice webpage.

- 1. Electric
- 2. Gas
- 3. Water
- 4. Sewer
- 5. Cable/Internet
- 6. Monthly mortgage statement
- 7. Lease/rental agreement and one (1) other official document

INCOME VERIFICATION

#### EXPANSION APPLICANTS: INCOME VERIFICATION MUST BE COMPLETED TO QUALIFY FOR THE EXPANSION SCHOLARSHIP THROUGH EDCHOICE

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 web site: <http://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.

### 2018-2019 EDCHOICE PARENT AGREEMENT

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 Scholarship application for the 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 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:

PLEASE ATTACH A CURRENT UTILITY BILL AND RETURN TO YOUR PRIVATE SCHOOL BY APRIL 30, 2018.

**PROGRAMA DE BECAS EDCHOICE  
FORMULARIO DE RENOVACIÓN 2018-2019**

**\*\*\*Use un acta de nacimiento para los datos del estudiante\*\*\***

**INFORMACIÓN DEL ESTUDIANTE**

NOMBRE: \_\_\_\_\_  
                           PRIMERO  SEGUNDO  APELLIDO

FECHA DE NACIMIENTO: \_\_\_\_\_ SEXO: MASCULINO  FEMENINO

GRADO EN QUE ESTABA EL ESTUDIANTE AL 1 DE ENERO DE 2018: \_\_\_\_\_

¿A QUÉ ESCUELA ASISTE ACTUALMENTE? \_\_\_\_\_

¿EN QUÉ DISTRITO ESCOLAR VIVE? \_\_\_\_\_

¿SE ACEPTÓ A SU ESTUDIANTE PARA LA INSCRIPCIÓN? MARQUE UNA OPCIÓN  SÍ  NO

¿HAY ALGÚN HERMANO QUE ASISTA A ESTA ESCUELA? EN CASO AFIRMATIVO, MENCIÓNELO AQUÍ:  
 \_\_\_\_\_

**Tutor que firma los cheques de la beca**

**TUTOR PRINCIPAL**

Soy (marque una opción)  el padre/la madre natural  el custodio legal (se exigen los documentos del tribunal)  
 el padre/la madre adoptivo/a  el tutor del estudiante que se postula para los fondos de la beca  
 el padre/la madre de residencia  el estudiante de, al menos, dieciocho años

NOMBRE: \_\_\_\_\_  
                           PRIMERO  SEGUNDO  APELLIDO

FECHA DE NACIMIENTO: \_\_\_\_\_ ÚLTIMOS CUATRO DÍGITOS DEL N.º DE SEG. SOCIAL: \_\_\_\_\_

DIRECCIÓN FÍSICA: \_\_\_\_\_

CIUDAD, ESTADO, CÓDIGO POSTAL: \_\_\_\_\_ CONDADO: \_\_\_\_\_

TELÉFONO: \_\_\_\_\_ CORREO ELECTRÓNICO: \_\_\_\_\_

RELACIÓN CON EL ESTUDIANTE: \_\_\_\_\_

**TUTOR SECUNDARIO**

NOMBRE: \_\_\_\_\_  
                           PRIMERO  SEGUNDO  APELLIDO

FECHA DE NACIMIENTO: \_\_\_\_\_ ÚLTIMOS CUATRO DÍGITOS DEL N.º DE SEG. SOCIAL: \_\_\_\_\_

DIRECCIÓN FÍSICA: \_\_\_\_\_

CIUDAD, ESTADO, CÓDIGO POSTAL: \_\_\_\_\_

TELÉFONO: \_\_\_\_\_ CORREO ELECTRÓNICO: \_\_\_\_\_

RELACIÓN CON EL ESTUDIANTE: \_\_\_\_\_

## PROGRAMA DE BECAS EDCHOICE FORMULARIO DE RENOVACIÓN 2018-2019

Revise la siguiente lista para saber cuáles son los comprobantes de domicilio aceptables.

<b>VERIFICACIÓN DE LA DIRECCIÓN</b>	<p>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. Las facturas de servicios deben mostrar la dirección en "para prestar servicio en", que indica dónde se utiliza el gas, la electricidad, etc. 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):</p> <p><b>* 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.</b></p> <p>Puede encontrar información adicional en la página web de EdChoice.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. Eléctrico</td> <td style="width: 33%;">4. Alcantarillado</td> </tr> <tr> <td>2. Gas</td> <td>5. Cable/Internet</td> </tr> <tr> <td>3. Agua</td> <td>6. Declaración mensual de hipoteca</td> </tr> <tr> <td></td> <td>7. Contrato de arrendamiento/alquiler y un (1) documento oficial de otro tipo</td> </tr> </table>	1. Eléctrico	4. Alcantarillado	2. Gas	5. Cable/Internet	3. Agua	6. Declaración mensual de hipoteca		7. Contrato de arrendamiento/alquiler y un (1) documento oficial de otro tipo
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<b>VERIFICACIÓN DE INGRESOS</b>	<p><b>POSTULANTES A LA BECA BASADA EN INGRESOS: SE DEBE REALIZAR LA VERIFICACIÓN DE INGRESOS PARA CALIFICAR PARA LA AMPLIACIÓN DE LA BECA EDCHOICE.</b></p> <p>Al seleccionar a continuación, indica que completará el proceso de verificación de ingresos. Obtenga el formulario de Verificación de ingresos en la escuela <b>O BIEN</b> desde el sitio web de EdChoice: <a href="http://education.ohio.gov/edchoice">http://education.ohio.gov/edchoice</a></p> <p><input type="checkbox"/> Sí, creo que califico para el estado de bajos ingresos. Enviaré un Formulario de verificación de ingresos completo y documentos de respaldo a la dirección que figura en el formulario.</p> <p><input type="checkbox"/> NO, no me interesa solicitar el estado de bajos ingresos. Yo: 1) no califico para el estado de bajos ingresos; o 2) no quiero que el programa verifique mis ingresos.</p>								
<p><b>ACUERDO DE LOS PADRES SOBRE LA BECA EDCHOICE 2018-2019</b></p>									
<p>Yo _____ acepto lo siguiente:</p> <p>(nombre del padre/de la madre)</p> <ul style="list-style-type: none"> <li>* La información proporcionada en esta solicitud es verdadera y correcta.</li> <li>* 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.</li> <li>* He presentado solo una solicitud de beca EdChoice para el estudiante.</li> <li>* 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.</li> <li>* 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.</li> <li>* 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.</li> <li>* 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.</li> <li>* 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).</li> <li>* Si no soy un padre/una madre con bajos ingresos 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.</li> <li>* 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.</li> <li>* 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.</li> <li>* He recibido y entiendo el manual sobre la política de la escuela privada subvencionada por el gobierno y cumpliré sus disposiciones.</li> <li>* 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.</li> </ul> <p>Designo a: _____ 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. nombre de la escuela</p>									
<p><b>AL FIRMAR A CONTINUACIÓN, ACEPTO TODAS LAS DECLARACIONES ANTERIORES</b></p>									
<p>Firma del tutor legal que firma el cheque de la matrícula:</p>	<p>Fecha:</p>								



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.

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.

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 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 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.