



EDCHOICE SCHOLARSHIP PROGRAM 2020-2021 RENEWAL FORM

\*\*\*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, 2020:

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)

- Natural Parent
Adoptive Parent
Residential Parent

- Legal Custodian (court documents required)
Guardian of student applying for scholarship funds
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 15, 2020.

**EDCHOICE SCHOLARSHIP PROGRAM 2020-2021 RENEWAL FORM**

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

**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 3 months old) utility bill. The utility bill **MUST SHOW MATCHING SERVICE AND MAILING ADDRESS** in the name of the Parent/Guardian. Post office boxes and Cell Phone Bills have no Service Address and therefore are not accepted.

Acceptable Utilities (Must show matching Mailing and Service Address): Electric, Gas, Water, Sewer, Cable/Internet.  
Other Acceptable Documents: Monthly mortgage statement and Lease/rental agreement (signed) and one (1) other official document with parent's name and address. Additional information can be found on the scholarship webpage.

**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.

**2020-2021 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 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: \_\_\_\_\_ to submit an application on my behalf for the Scholarship Program through the Ohio Department of Education electronic application system.  
name of school

**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 15, 2020.**

**IMPORTANT! Read first**



Department  
of Education

**NONPUBLIC EDUCATIONAL OPTIONS  
Cleveland and EdChoice Scholarship Programs**

**Cleveland and EdChoice Scholarship Programs  
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. (Page 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 of 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's, your 2019 Federal tax forms or your 2019 Federal tax transcripts (can obtain either online 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 2019 Federal income tax forms, including all Schedules or 2019 Federal tax transcript.
  - d) 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.
  - e) If you have no income or you do not have pay stubs or W-2's: Provide your 2019 federal tax transcript from the IRS. (WWW.IRS.GOV). Please mail the request form to the IRS and once you receive your transcript please mail that form to our office with the Income Verification form.

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.

Mail the Income Verification form and supporting income documentation to the Ohio Department of Education, Scholarship Program Office 25 S. Front Street, Mail Stop 309, Columbus, Ohio 43215 by the April 15, 2020 priority deadline.

The parent is responsible for mailing in the Income Verification documents. The private school is not responsible.

Contact Scholarship Program at 614-728-2743, or by email at [Edchoice@education.ohio.gov](mailto:Edchoice@education.ohio.gov) or





SCHOLARSHIP PROGRAM
2020-2021 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.

Helpful tools can be found on the scholarship website at: http://edchoice.education.ohio.gov or http://cstp.education.ohio.gov If you have more than one child applying for a scholarship, only one income verification form is needed.

#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 - Including scholarship students, 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 & Cleveland Scholarship Program 2020-2021 Income Verification Form

2020 FEDERAL POVERTY GUIDELINES Source: Office 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 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.

Table with 2 columns: Number in Household, Gross Annual Amount (200%). Rows for 1-8 people and 'For each additional person add:'.

You must provide documentation for all sources of income in your home. The documents must represent their current income. Do not send original documents, as they cannot be returned and block the first 5 digits of all Social security numbers in all documents, only the last 4 digits are allowed 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

Table with 4 columns: First and Last Name, Name of Employer or Income Source, Gross Amount Before Taxes, How Often Received. Includes example rows for John Smith and Jane Smith.

X

SIGNATURE OF PRIMARY LEGAL GUARDIAN REQUIRED

DATE