



## CLEVELAND SCHOLARSHIP PROGRAM 2023-2024 REQUEST FORM

<b>STUDENT INFORMATION</b>	<b>***Student data MUST match the Birth Certificate***</b>	
	NAME: _____ (First) (Middle) (Last)	
	DATE OF BIRTH: _____	GRADE LEVEL on January 1, 2023: _____
	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	CITY OF BIRTH: _____
	LAST FOUR DIGITS SS#: _____	MOTHER'S MAIDEN NAME: _____
	NATIVE LANGUAGE: _____	ETHNICITY: _____
	HAS THE STUDENT EVER ATTENDED ANY OHIO PUBLIC SCHOOL? IF SO, WHERE?: DISTRICT: _____ BUILDING: _____ YEAR: _____	
	<b>PARENT/GUARDIAN SIGNING SCHOLARSHIP CHECKS</b>	
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 required)		
<b>PRIMARY PARENT/GUARDIAN</b>	NAME: _____ (First) (Middle) (Last)	
	DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____	
	PHYSICAL ADDRESS: _____	
	CITY: _____ STATE: _____ ZIP CODE: _____	
	PHONE NUMBER: _____ EMAIL ADDRESS: _____	
	RELATIONSHIP TO STUDENT: _____	
<b>SECONDARY PARENT/GUARDIAN</b>	NAME: _____ (First) (Middle) (Last)	
	DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____	
	PHYSICAL ADDRESS: _____	
	CITY: _____ STATE: _____ ZIP CODE: _____	
	PHONE NUMBER: _____ EMAIL ADDRESS: _____	
	RELATIONSHIP TO STUDENT: _____	
<b>SCHOOL INFORMATION</b>	<b>***Information MUST be completed to determine eligibility.***</b>	
	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: _____		

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



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<b>***ATTENTION:</b> Income verification is required for all Scholarship applicants who want to be considered for low-income status.	
INCOME	<b>***Check below to indicate your intent to complete the income verification process.***</b> <input type="checkbox"/> <b>Yes</b> , I believe that I qualify for low-income status. To complete the Income Verification process, parents may submit online using the <a href="#">secure Income Verification system</a> or <a href="#">click here</a> to complete and mail the paper form. Emailing documents is <b>NOT</b> permitted.  <input type="checkbox"/> <b>No</b> , 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	<b>***Proof of residency is required of all first year and renewal applicants and must be submitted to the school with the application.***</b>  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 <b>MUST SHOW MATCHING SERVICE AND MAILING ADDRESS</b> 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.  <i>Other Acceptable Documents:</i> A monthly mortgage statement (less than 90 days old) <b>OR</b> lease/rental agreement (signed by lessee and lessor) <b>AND</b> a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc) with parent/guardian's name and address. <b>***Additional information can be found on the <a href="#">scholarship webpage</a>.***</b>

### 2023-2024 CLEVELAND 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 Cleveland Scholarship 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.
- If I am not a low-income parent or did not complete the income verification process or I am a parent of a high school student (9-12), 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 city school district); 2) my child does not complete all required assessments; or 3) I fail to complete the renewal process.
- 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

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