

Cleveland Scholarship Program Request Form 2024-2025

STUDENT INFORMATION	<p>***Student data MUST match the Birth Certificate***</p> <p>NAME: _____ (First) (Middle) (Last)</p> <p>DATE OF BIRTH: _____ GRADE LEVEL on January 1, 2024: _____</p> <p>GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE CITY OF BIRTH: _____</p> <p>LAST FOUR DIGITS SS#: _____ MOTHER'S MAIDEN NAME: _____</p> <p>NATIVE LANGUAGE: _____ ETHNICITY: _____</p> <p>HAS THE STUDENT EVER ATTENDED ANY OHIO PUBLIC SCHOOL? IF SO, WHERE?:</p> <p>DISTRICT: _____ BUILDING: _____ YEAR: _____</p>								
	<p>PARENT/GUARDIAN SIGNING SCHOLARSHIP CHECKS:</p> <p>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)</p>								
PRIMARY PARENT/GUARDIAN	<p>NAME: _____ (First) (Middle) (Last)</p> <p>DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____</p> <p>PHYSICAL ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP CODE: _____</p> <p>PHONE NUMBER: _____ EMAIL ADDRESS: _____</p> <p>RELATIONSHIP TO STUDENT: _____</p>								
	<p>NAME: _____ (First) (Middle) (Last)</p> <p>DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____</p> <p>PHYSICAL ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP CODE: _____</p> <p>PHONE NUMBER: _____ EMAIL ADDRESS: _____</p> <p>RELATIONSHIP TO STUDENT: _____</p>								
SCHOOL INFORMATION	<p>***Information MUST be completed to determine eligibility***</p> <p>My student is currently (Check only <u>one</u> box):</p> <table><tr><td><input type="checkbox"/> Attending a public school</td><td><input type="checkbox"/> Attending a charter/community school</td></tr><tr><td><input type="checkbox"/> Attending a private school</td><td><input type="checkbox"/> Homeschooled (Never attended an Ohio school)</td></tr><tr><td><input type="checkbox"/> New to Ohio</td><td><input type="checkbox"/> Attending Pre-school</td></tr><tr><td><input type="checkbox"/> Other: _____</td><td></td></tr></table> <p>Name of School the student is currently attending: _____</p>	<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: _____	
<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: _____									

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

Cleveland Scholarship Program Request Form 2024-2025

INCOME	<p>***ATTENTION: Income verification is not required to apply for a Cleveland Scholarship. Families of students in grades K-8 may qualify for low-income status if they choose to have their income verified for the Cleveland Scholarship. To complete the Income Verification process, parents may submit online using the secure Income Verification system or complete and mail the paper form. Emailing documents is not permitted.</p>
ADDRESS VERIFICATION	<p>***Proof of residency is required of all first year and renewal applicants and must be submitted to the school with the application.***</p> <p>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 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.</p> <p><i>Other Acceptable Documents:</i> A monthly mortgage statement (less than 90 days old) or lease/rental agreement (signed by lessee and lessor) and a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc.) with parent/guardian's name and address.</p> <p>***Additional information can be found on the scholarship webpage.***</p>

2024-2025 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 custodial 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 and Workforce's electronic application system. By signing below, I agree to the above statements.

 Signature of Parent/Legal Guardian signing the tuition check

 Date Signed

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