

OHIO Ohio EdChoice Application Check List

Ohio EdChoice is a State funded non-public school tuition scholarship for first-year non-public students who reside at an address assigned to a public school district under "Academic Watch" or Academic Emergency"(see list of schools on website)Education.ohio.gov/edchoice

Applying for the Ohio EdChoice Scholarship

Step 1: Complete the St. Benedict School admission and registration process

- Application /Registration Form with fee \$50 per student \$75.00 per family **negotiable** (non-refundable)

Step 2: Dayton Residents: If you child(ren) do not attend a Dayton Public School

- Student's birth certificate :Take to Dayton Public School Assignment Office 115 S.
- Student's shot record Ludlow St. M-F 7:30 am-4:15 pm. 542-5555
- Proof of address
- Parent's photo ID
- Custody Documentation (if applicable)

Residents from Jefferson Township skip Step 2

Step 3: Bring to the St. Benedict the Moor School Office:

- Completed EdChoice Scholarship Request Form
- School Assignment Paperwork (from Dayton Public School)
- Income Verification Form
- Student's birth certificate
- Student's shot records
- Proof of address

- Proof of grade level (most recent report card)

- Custody documentation (if applicable)

Step 4: St. Benedict the Moor School will submit the EdChoice Scholarship paperwork

Step 5: EdChoice scholarship award letters will be mailed to applicants in July 2018.

Step 6: Submit award letter to St. Benedict the Moor School. Contact St. Benedict School office with questions about applying for EdChoice: 937-268-6391.

EdChoice Scholarship
pays \$4650 Tuition

Tuition for parents
\$0
EdChoice Application
2/1/2019-4/30/2019
Limited classes K-7

**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"/> Legal Guardian of student applying for scholarship funds (court documents required) <input type="radio"/> Adoptive Parent <input type="radio"/> Student is at least eighteen years of age <input type="radio"/> Residential Parent	
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 JULY 31, 2018

**EDCHOICE SCHOLARSHIP PROGRAM
2018-2019 REQUEST FORM**

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 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.
	<i>Acceptable Utilities</i> (Must show matching Mailing and Service Address): Electric, Gas, Water, Sewer, Cable/Internet. <i>Other Acceptable Documents:</i> 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.

2018-2019 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 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 JULY 31, 2018

EDCHOICE SCHOLARSHIP PROGRAM 2019-2020 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, 2019: _____

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 30, 2019.

**EDCHOICE SCHOLARSHIP PROGRAM
2019-2020 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.

2019-2020 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 30, 2019.