

# EdChoice Request Form 2025-2026

## STUDENT INFORMATION

This application is for (select one):

Traditional EdChoice Scholarship

EdChoice Expansion Scholarship (income based)

*\*Student data MUST match birth certificate.*

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_ GENDER: FEMALE MALE

MOTHER'S MAIDEN NAME: \_\_\_\_\_ NATIVE LANGUAGE: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

GRADE LEVEL FOR 2024-2025: \_\_\_\_\_ GRADE LEVEL FOR 2025-2026: \_\_\_\_\_

IS THE STUDENT AN INCOMING KINDERGARTNER? YES NO

IS THE STUDENT AN INCOMING HIGH SCHOOLER? YES NO

HAS THE STUDENT EVER ATTENDED ANY OHIO PUBLIC SCHOOL? YES NO

IF YES, WHERE?

DISTRICT: \_\_\_\_\_ Building: \_\_\_\_\_ Year: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

FOR THE PARENT/GUARDIAN SIGNING CHECKS, I AM THE (CHECK ONE):

Natural Parent

Residential Parent

Adoptive Parent

Student who is at least 18 years old

Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility are required)

## PRIMARY PARENT/GUARDIAN

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

## SECONDARY PARENT/GUARDIAN

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

## SCHOOL INFORMATION

*\*Information must be completed to determine eligibility.*

My student is currently attending (check only one box):

Attending a public school

Attending a charter/community school

Attending a private school

Homeschooled (Never attended an Ohio School)

New to Ohio

Attending Pre-school

Other: \_\_\_\_\_

Name of school the student is currently attending: \_\_\_\_\_

Name of public school district you live in: \_\_\_\_\_

Name of public school the student would be assigned to for the 2025-26 school year: \_\_\_\_\_

## INCOME VERIFICATION

Income verification is required for new Expansion Scholarship applicants. Income verification is not required to apply for a Traditional EdChoice Scholarship. Families may qualify for low-income status if they choose to have their income verified for the Traditional EdChoice 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.

## ADDRESS VERIFICATION

***Proof of residency is required of all 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 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill must show matching service address 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.

*Other Acceptable Documents:* 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. Additional information can be found on the [scholarship webpage](#).

## 2025-2026 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 and Workforce (DEW) 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 DEW 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 public school district unless my child would be assigned to an EdChoice designated public school in the new district (applicable only to students who were initially awarded a scholarship based on an EdChoice designated

building); 2) my child does not complete all required assessments; 3) my child has more than 20 unexcused absences for the school year; or 4) I fail to complete the renewal process. If my child received an EdChoice Expansion scholarship, I must maintain Ohio residency.

- 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 \_\_\_\_\_ (Private School Name) to submit an application on my behalf for the Scholarship Program through the Ohio Department of Education and Workforce's electronic application system. By signing below, I agree to the above statements.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN THAT WILL BE SIGNING CHECK

\_\_\_\_\_  
DATE

**Return to the private school with a copy of current utility bill showing matching service and mailing addresses.**

*The Ohio Department of Education and Workforce does not discriminate on the basis of race, religion, gender, nationality, age, disability, or ethnic background. The Ohio Department of education and Workforce is an [equal opportunity employer](#) and provider of [ADA services](#). The Department's [Notice of Non-Discrimination](#) applies to all programs and activities.*

*View the Department's [Disability Discrimination Policy](#) and [Discrimination Policy Grievance Procedure](#). For further information on notice of non-discrimination, visit [ocrcas.ed.gov/contact-ocr](http://ocrcas.ed.gov/contact-ocr) for the address and phone number of the office that serves your area, or call 1-800-421-3481.*

# EdChoice/Expansion Scholarship Programs

## 2025-2026 Acceptance Form

**This form must be completed by the parent/guardian and submitted to the school. Failure to return this form may result in termination of your scholarship.**

**Student's Full Name** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Private School Name** \_\_\_\_\_

☐

I accept the EdChoice Scholarship. By accepting the scholarship, I acknowledge I am declining/terminating any other scholarships that my child is currently receiving from the State of Ohio. I also acknowledge my child cannot have more than one scholarship from the State of Ohio at any given time.

I have read and agree to abide by the regulations below governing the EdChoice Scholarship Program:

- 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 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.
- The school will contact me when it receives the scholarship checks for me to sign. I will have 30 days to sign the check.
- 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 be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- I will inform the chartered nonpublic school and DEW of changes in family income that would impact whether or not the student is above or below 200 percent of the federal poverty level.
- I will complete the income verification when required.
- I will inform the chartered nonpublic school and DEW of any change in the student's residential address or custody status.
- I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.

☐

I decline the EdChoice Scholarship.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The school will contact you when it receives the scholarship checks for you to sign. Failure to sign the checks will result in the parent/guardian being responsible for the tuition.

**Please return this acceptance form to your private school.**



## Scholarship Check Agreement 2025-2026

I, \_\_\_\_\_, acknowledge and agree that all EdChoice or  
(Parent/Guardian's Name)

EdChoice Expansion Scholarship checks received by Open Door Christian Schools (hence forth referred to as "the school") for my student will be cashed by the school and applied to my student's tuition as long as my student remains enrolled. In the event that my student is officially withdrawn prior to the end of the school year, the school will notify EdChoice and the student's scholarship award will be prorated to the number of days the student was enrolled. My signature below serves as my endorsement of all scholarship checks received by the school for my student(s).

\_\_\_\_\_  
Parent/Guardian Signature\*

\_\_\_\_\_  
Date

\*Only the parent/guardian listed as the check signer on the scholarship request/renewal form is authorized to sign.