

**CLEVELAND SCHOLARSHIP PROGRAM  
2017-2018 REQUEST FORM**

**STUDENT INFORMATION**

\*\*\*Please use Birth Certificate for student data\*\*\*

NAME: FIRST MIDDLE LAST  
 DATE OF BIRTH: GRADE LEVEL on January 1, 2016:  
 GENDER: Female Male CITY OF BIRTH:  
 LAST FOUR DIGITS SS#: MOTHER'S MAIDEN NAME:  
 NATIVE LANGUAGE: ETHNICITY:

**PARENT/GUARDIAN**

**Guardian Signing Scholarship Checks**

I am the (check one)  Natural Parent  Legal Custodian (court documents required)  
 Adoptive Parent  Guardian of student applying for scholarship funds  
 Residential Parent  Student that is at least eighteen years of age

NAME: FIRST MIDDLE LAST  
 DATE OF BIRTH: LAST FOUR DIGITS SS#:  
 PHYSICAL ADDRESS:  
 CITY, STATE, ZIP:  
 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:  
 PHONE: E-MAIL:  
 RELATIONSHIP TO STUDENT:

**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 Cleveland web site: <http://cstp.education.ohio.gov>  
 YES, I believe that I qualify for low income status. I will submit a completed Income Verification Form and supporting documents to the address 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.

**RETURN TO THE PRIVATE SCHOOL WITH BIRTH CERTIFICATE AND UTILITY BILL BEFORE THE DEADLINE OF April 30, 2017**

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Information below **MUST** be completed to determine eligibility. My student is **CURRENTLY** attending a (check **ONLY** one and enter the school name.)

**SCHOOL INFORMATION**

- Public School
- Charter/Community School
- Private School
- Home Schooled
- Pre-School
- Other

**ADDRESS VERIFICATION**

Proof of residence is required of all first-year and renewal applicants. Documents submitted must contain the parent/guardian's name, current address and the date. The date should be current. Post office boxes are not acceptable. Most utility bills still show the "for service at" location, which will indicate where the gas, electric, etc. is being used. In the case of post office boxes, the whole bill should be submitted for review. Parents/guardians must document residency by providing the school with one of the following utility bills (to be accompanied with their request or renewal forms):

- \* **Cell Phone Bills are not accepted. Entire utility bill must be submitted showing matching service and mailing address.** Additional information can be found on the scholarship webpage.
- |             |                                                               |
|-------------|---------------------------------------------------------------|
| 1. Electric | 4. Sewer                                                      |
| 2. Gas      | 5. Cable/Internet                                             |
| 3. Water    | 6. Monthly mortgage statement                                 |
|             | 7. Lease/rental agreement and one (1) other official document |

**2017-2018 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 on Cleveland 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, my child fails to take each state achievement test required for his/her grade level, or if 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 through the Ohio Department of Education electronic application system.**  
(name of private school)

**BY SIGNING BELOW I AGREE TO ALL THE ABOVE STATEMENTS**

**Signature of Legal Guardian Signing the Tuition Check:** Date: