

# EdChoice Request Form 2026-2027

## 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 2025-2026: \_\_\_\_\_ GRADE LEVEL FOR 2026-2027: \_\_\_\_\_

IS THE STUDENT AN INCOMING KINDERGARTNER? YES NO

IS THE STUDENT AN INCOMING HIGHSCHOOLER? 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 2026-27 school year: \_\_\_\_\_

## INCOME VERIFICATION

In addition to applying with the school, new EdChoice Expansion applicants will need to complete the income verification process, unless the family has previous household income on file. Income verification is optional for renewal applications in the EdChoice Expansion Scholarship program. Renewing families do not need to complete a new income verification each year. If your annual household income or household size has changed, families may submit a new income verification application for the next school year. Families applying for low-income status in EdChoice and EdChoice Expansion must submit new household income annually. Household Income will not be recalculated after the review has been completed. 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](#).

## 2026-2027 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.

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SIGNATURE OF PARENT/GUARDIAN THAT WILL BE SIGNING CHECK

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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.*