

Cleveland Scholarship Program Renewal Form 2024-2025

STUDENT INFORMATION	<p>***Student data MUST match the Birth Certificate***</p> <p>NAME: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (First) (Middle) (Last) </div> </p> <p>DATE OF BIRTH: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p> <p>GRADE STUDENT WAS IN ON JANUARY 1, 2024: _____</p> <p>SCHOOL CURRENTLY ATTENDING: _____</p>
PARENT/GUARDIAN SIGNING SCHOLARSHIP CHECKS	
<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</p> <p style="padding-left: 40px;"><input type="checkbox"/> Legal Guardian of student applying for scholarship funds (court documents required)</p>	
PRIMARY PARENT/GUARDIAN	<p>NAME: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (First) (Middle) (Last) </div> </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>
SECONDARY PARENT/GUARDIAN	<p>NAME: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (First) (Middle) (Last) </div> </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>

CLEVELAND SCHOLARSHIP PROGRAM RENEWAL 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.</p> <p>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 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 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.</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 Department'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 a copy of current utility bill showing matching service and mailing addresses.