

EDCHOICE SCHOLARSHIP PROGRAM 2017-2018 INCOME VERIFICATION FORM

Income Verification is one step in the scholarship application process. Your child must also be enrolled at a participating school. The Income Verification Process is important for some families to determine if they meet low income requirements of the scholarship program. If you are a new or renewal applicant of the Scholarship and you qualify for low income status, you will not have to pay tuition above the amount of the scholarship. If you are a new or renewal applicant of the EdChoice Expansion Scholarship, you must complete the income process every year to receive a scholarship award.

Helpful tools can be found on the scholarship website at: <http://education.ohio.gov/edchoice>. If you have more than one child applying for a scholarship, only one income verification form is needed. The scholarship office is not able to return original documents to you; please send only copies. **This form and copies of income documents must be mailed to the address ON THE BACK OF THIS FORM by the deadline April 30, 2017:**

#1

PRIMARY PARENT	NAME:				
		FIRST	MIDDLE	LAST	<u>MARITAL STATUS</u>
	DATE OF BIRTH:		GENDER:	F M	LAST FOUR DIGIT SS#:
	ADDRESS:				
	CITY:	OHIO	ZIP CODE:		RECEIVES INCOME: Y N
	PHONE:		E-MAIL:		

Name of Private school where your child is enrolled

LIST ALL MEMBERS OF YOUR HOUSEHOLD - Including scholarship students, make a copy of this page if more space is needed.

#2

NAME:				
	FIRST	MIDDLE	LAST	
DATE OF BIRTH:		GENDER:	F M	LAST FOUR DIGIT SS#:
RELATIONSHIP TO YOU:				
SCHOLARSHIP STATUS (CHECK ONE):	NEW:	RENEWAL:	NA:	RECEIVES INCOME: Y N

#3

NAME:				
	FIRST	MIDDLE	LAST	
DATE OF BIRTH:		GENDER:	F M	LAST FOUR DIGIT SS#:
RELATIONSHIP TO YOU:				
SCHOLARSHIP STATUS (CHECK ONE):	NEW:	RENEWAL:	NA:	RECEIVES INCOME: Y N

#4

NAME:				
	FIRST	MIDDLE	LAST	
DATE OF BIRTH:		GENDER:	F M	LAST FOUR DIGIT SS#:
RELATIONSHIP TO YOU:				
SCHOLARSHIP STATUS (CHECK ONE):	NEW:	RENEWAL:	NA:	RECEIVES INCOME: Y N

#5

NAME:				
	FIRST	MIDDLE	LAST	
DATE OF BIRTH:		GENDER:	F M	LAST FOUR DIGIT SS#:
RELATIONSHIP TO YOU:				
SCHOLARSHIP STATUS (CHECK ONE):	NEW:	RENEWAL:	NA:	RECEIVES INCOME: Y N

