



SCHOLARSHIP PROGRAM INCOME VERIFICATION FORM 2023-2024

The Income Verification Process is important for some families. If you are a new applicant of the EdChoice Expansion Scholarship, you must complete the income verification process to receive a scholarship award. If you are an applicant of the Scholarship and you qualify for low-income status, you will not have to pay tuition above the amount of the scholarship. **It is recommended that you use the secure online [Income Verification System](#) to complete this process**, or you may complete this form and mail it and copies of income documents to the address on page three (3) of this form. The scholarship office is not able to return original documents to you; please send only copies. If you have more than one child applying for a scholarship, only one income verification form is needed. Helpful tools can be found on the scholarship website at [EdChoice Scholarship](#) or [Cleveland Scholarship](#).

PRIMARY PARENT/GUARDIAN	NAME: _____ (First) (Middle) (Last) MARTIAL STATUS REQUIRED
	DATE OF BIRTH: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE LAST FOUR DIGITS OF SSN: _____
	PHYSICAL ADDRESS: _____
	CITY: _____ OHIO ZIP CODE: _____ RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO
	PHONE NUMBER: _____ EMAIL ADDRESS: _____
	NAME OF PRIVATE SCHOOL WHERE YOUR CHILD IS ENROLLED: _____

LIST ALL MEMBERS OF YOUR HOUSEHOLD including scholarship student. Make a copy of this page if more space is needed.

#2	NAME: _____ (First) (Middle) (Last)
	DATE OF BIRTH: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE LAST FOUR DIGITS OF SSN: _____
	RELATIONSHIP TO YOU: _____
	SCHOLARSHIP STATUS (CHECK ONE): NEW: <input type="checkbox"/> RENEWAL: <input type="checkbox"/> N/A: <input type="checkbox"/> RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO

#3	NAME: _____ (First) (Middle) (Last)
	DATE OF BIRTH: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE LAST FOUR DIGITS OF SSN: _____
	RELATIONSHIP TO YOU: _____
	SCHOLARSHIP STATUS (CHECK ONE): NEW: <input type="checkbox"/> RENEWAL: <input type="checkbox"/> N/A: <input type="checkbox"/> RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO

#4	NAME: _____ (First) (Middle) (Last)
	DATE OF BIRTH: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE LAST FOUR DIGITS OF SSN: _____
	RELATIONSHIP TO YOU: _____
	SCHOLARSHIP STATUS (CHECK ONE): NEW: <input type="checkbox"/> RENEWAL: <input type="checkbox"/> N/A: <input type="checkbox"/> RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO

#5	NAME: _____ (First) (Middle) (Last)
	DATE OF BIRTH: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE LAST FOUR DIGITS OF SSN: _____
	RELATIONSHIP TO YOU: _____
	SCHOLARSHIP STATUS (CHECK ONE): NEW: <input type="checkbox"/> RENEWAL: <input type="checkbox"/> N/A: <input type="checkbox"/> RECEIVES INCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO



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You must provide documentation for all sources of income in your home. The documents must represent current income. Do not send original documents, as they cannot be returned. Block the first 5 digits of all social security numbers in all documents leaving only the last 4 digits to be seen. See page 3 for acceptable income documents.

List each person that has earned or unearned income. If someone has more than one source of income, use multiple lines.

INCOME INFORMATION	First and Last Name	Name of Employer or Income Source	Amount Before Taxes	How Often Received
	<i>Example: John Smith</i> <i>Example: Jane Smith</i>	<i>Employment- Kroger</i> <i>Child Support</i>	<i>\$475</i>	<i>Bi-Weekly</i> <i>Monthly</i>

X _____
SIGNATURE OF PRIMARY PARENT/LEGAL GUARDIAN REQUIRED

DATE