



EdChoice/Expansion Scholarship Programs 2024-2025 Acceptance Form

To finalize the acceptance of the Ohio EdChoice Scholarship, return this completed form to your participating private school within 30 days of receipt. Failure to submit this form to your private school may result in the termination of your scholarship.

Student Full Name _____
 First-Year Applicant Renewal Applicant

Parent/Guardian Name _____

Private School Name _____

Public School District _____

I accept the EdChoice/Expansion Scholarship. I have read and agree to abide by the regulations governing the Ohio Educational Choice Scholarship (EdChoice) Program. By accepting this scholarship, I acknowledge that I am declining/terminating any other scholarships that my child is currently receiving from the State of Ohio. I also acknowledge that my child cannot have more than one scholarship from the State of Ohio at any given time. If my child was previously enrolled in public school, community school, or participated in another state scholarship this fiscal year, the final award amount will be adjusted and may be less than the amount listed on the award notification. **The school will contact you when it receives the scholarship checks for you to sign. You will have 30 days to sign the check, failure to sign the check will result in you, the parent/guardian being responsible for paying the tuition.**

I decline the EdChoice/Expansion Scholarship.

Parent/Guardian Signature _____ Date _____

PLEASE RETURN THIS FORM TO THE PRIVATE SCHOOL. FAILURE TO RETURN THIS FORM TO SCHOOL MAY RESULT IN TERMINATION OF YOUR CHILD'S SCHOLARSHIP.

This form must be maintained in the student file at the private school.

The Ohio Department of Education does not discriminate on the basis of race, religion, gender, nationality, age, disability, or ethnic background.