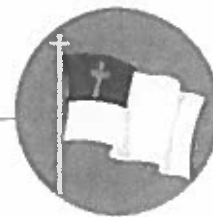


CHRISTIAN LIFE ACADEMY
A MINISTRY OF GOOD SHEPHERD WESLEYAN CHURCH

10595 Chillicothe Pike
PO Box 612
Jackson, OH 45640

Phone 740-286-1234
Fax 740-286-0234



Important: Major Income-Based Scholarship Opportunities for CLA K, 1, 2, 3, 4, & 5 for 2018-19 School Year

Dear Parents,

For the past five school years, Christian Life Academy has had the privilege of being one of Ohio's EdChoice Schools., and has been able to help students in Kindergarten and Grade 4 to obtain income-based scholarships to attend CLA. As an EDChoice School, we are able to accept students who qualify for the EdChoice Expansion Scholarship opportunity. **The EdChoice Expansion Scholarship is an Income -Based Scholarship that offers qualifying students a 100% paid scholarship to attend Christian Life Academy! During the 2017-18 school year, we had 31 families who were able to receive this wonderful opportunity for their children to attend CLA.**

The program is adding a scholarship grade per year, and is pledged to offer K-12 by the year 2025! The scholarship will be offered to incoming students in Kindergarten, Grade 1, Grade 2 , Grade 3, Grade 4, and Grade 5 for the 2018-19 school year.

We have attached the forms to be filled out to apply for this scholarship. We are able to take applications and submit them to the Ohio Department of Education as soon as Thursday February 1st! It is a competitive scholarship program, so we STRONGLY encourage anyone that is seriously interested to apply as soon as possible, as scholarship applications will be reviewed in the order in which they are received. We are able to accept EdChoice applications until the application period closes on April 30, 2018. The window will again open for a short time in July, but the past two summers this resulted in a lottery system for those who applied after April.

Documents Needed to Apply For the EdChoice Expansion Scholarship at CLA:

1. EdChoice Scholarship Program 2018-19 Request Form
2. EDChoice Scholarship Program 2018-19 Income Verification Form with required proof on income
3. Proof of Address—must be a complete utility bill in the name of the parent / guardian. Please see Mrs. Boggs for special circumstances.
4. Copy of child's Birth Certificate (new applicants only)
5. Student must enroll at CLA for the 2018-19 school year to be eligible for this scholarship at CLA
6. Return all of your documentation to CLA and we will mail it to the Ohio Department of Education for you!!!!
7. This scholarship covers tuition only. Parents will be responsible to pay for other school fees.

Mrs. Boggs, the school principal , is available to answer parent questions or to help you fill out forms. Please contact by email: mboggs@gswclajackson.org or call the school office to set up an appointment 740-286-1234.

Please share this information with anyone that you know that would be interested in applying for the EDCHOICE Expansion Scholarship at Christian Life Academy !

EDCHOICE Expansion Scholarship Application Window Opens February 1st and closes April 30th.

Respectfully Submitted,

Melissa Boggs, Administrator
Christian Life Academy
mboggs@gswclajackson.org

"Seek ye first the kingdom of God ..." Matthew 6:33

EDCHOICE SCHOLARSHIP PROGRAM 2018-2019 RENEWAL

Please use Birth Certificate for student data

STUDENT INFORMATION

NAME: FIRST MIDDLE LAST

DATE OF BIRTH: GENDER: MALE FEMALE

GRADE STUDENT WAS IN ON JANUARY 1, 2018:

SCHOOL CURRENTLY ATTENDING?

WHAT SCHOOL DISTRICT DO YOU LIVE IN?

WAS YOUR STUDENT ACCEPTED FOR ENROLLMENT? PLEASE CHECK ONE YES NO

ARE THERE ANY SIBLINGS ATTENDING THIS SCHOOL? IF YES, PLEASE LIST HERE:

Guardian Signing Scholarship Checks

I am the (check one)

- Natural Parent
Adoptive Parent
Residential Parent

- Legal Custodian (court documents required)
Guardian of student applying for scholarship funds
Student is at least eighteen years of age

PRIMARY GUARDIAN

NAME: FIRST MIDDLE LAST

DATE OF BIRTH: SSN# LAST FOUR DIGITS:

PHYSICAL ADDRESS:

CITY, STATE, ZIP: COUNTY:

PHONE: E-MAIL:

RELATIONSHIP TO STUDENT:

SECONDARY GUARDIAN

NAME: FIRST MIDDLE LAST

DATE OF BIRTH: SSN# LAST FOUR DIGITS:

PHYSICAL ADDRESS:

CITY, STATE, ZIP:

PHONE: E-MAIL:

RELATIONSHIP TO STUDENT:

PLEASE ATTACH A CURRENT UTILITY BILL AND RETURN TO PRIVATE SCHOOL BY APRIL 30, 2018.

**EDCHOICE SCHOLARSHIP PROGRAM
2018-2019 RENEWAL FORM**

Please review the list below for acceptable forms of address proof.

ADDRESS VERIFICATION

Proof of residence is required of all first-year and renewal applicants. Documents submitted must contain the parent/guardian's name, current address and the date. The date should be current. Most utility bills still show the "for service at" location, which will indicate where the gas, electric, etc. is being used. Parents/guardians must document residency by providing the school with one of the following utility bills (to be accompanied with their request or renewal forms):

* Cell Phone Bills are not accepted. Entire utility bill must be submitted showing matching service and mailing address. Additional information can be found on the EdChoice webpage.

- 1. Electric
- 2. Gas
- 3. Water
- 4. Sewer
- 5. Cable/Internet
- 6. Monthly mortgage statement
- 7. Lease/rental agreement and one (1) other official document

INCOME VERIFICATION

EXPANSION APPLICANTS: INCOME VERIFICATION MUST BE COMPLETED TO QUALIFY FOR THE EXPANSION SCHOLARSHIP THROUGH EDCHOICE

By checking below you are indicating you will complete the income verification process. Please obtain the Income Verification form from the school OR from the EdChoice web site: <http://education.ohio.gov/edchoice>

- YES, I believe that I qualify for low income status. I will submit a completed Income Verification Form and supporting documents to the EdChoice Office listed on the form.
- NO, I am not interested in applying for low income status. I either: 1) do not qualify for low income status or 2) do not want my income verified by the program.

2018-2019 EDCHOICE PARENT AGREEMENT

I, _____ (parent name) agree to the following:

- * 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 Scholarship application for the 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 (ODE) 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 ODE 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; our family has moved to another city school district and our new neighborhood public school is not a designated EdChoice school, my child fails to take each state achievement test required for his/her grade level, my child has more than twenty unexcused absences during the school year, or I fail to complete the renewal process. If my child has received an EdChoice Expansion Scholarship I must maintain Ohio residency and verify my income annually.
- * 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 through the Ohio Department of Education electronic application system.
name of school

BY SIGNING BELOW I AGREE TO ALL THE ABOVE STATEMENTS

Signature of Legal Guardian Signing the Tuition Check:

Date:

PLEASE ATTACH A CURRENT UTILITY BILL AND RETURN TO YOUR PRIVATE SCHOOL BY APRIL 30, 2018.

**2018-2019 Income Requirements
for Renewal EdChoice Expansion Students**

Number in Household	Gross Annual Amount (200%)	Gross Annual Amount (300%)	Gross Annual Amount (400%)
1	\$24,280	\$36,420	\$48,560
2	\$32,920	\$49,380	\$65,840
3	\$41,560	\$62,340	\$83,120
4	\$50,200	\$75,300	\$100,400
5	\$58,840	\$88,260	\$117,680
6	\$67,480	\$101,220	\$134,960
7	\$76,120	\$114,180	\$152,240
8	\$84,760	\$127,140	\$169,520
For each additional person add:	\$8,640	\$12,960	\$17,280

Source: Office of the Assistant Secretary for Planning and Evaluation/US Dept of HHS

All families applying for an EdChoice expansion scholarship must have their income verified by the EdChoice Office. When applying for an EdChoice expansion scholarship for the first time, the total household income must be at or below 200% of the federal poverty guidelines (see chart above). All new expansion applicants must have a household income of 200% or lower to be awarded an expansion scholarship.

For EdChoice families who are **renewing their child's expansion scholarship for the next school year**, the amount of the scholarship to be awarded is based on where their family's household income falls on the federal poverty guidelines:

- **0% - 200%** = full scholarship = maximum award of \$4,650
- **201% - 300%** = 75% of the scholarship = maximum award of \$3487.50
- **301% - 400%** = 50% of the scholarship = maximum award of \$2325
- **Over 400%** = cannot renew the scholarship

Expansion families with a household income of **200% or lower** qualify for low income status. This means that the private school cannot charge these families for any tuition that is not covered by the scholarship.

Expansion families with a household income of **201% or higher** are responsible for paying any tuition difference not covered by the scholarship.

Income Forms must be completed for first-time AND renewal applicants.

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. The form and copies of income documents must be mailed to the address below by the deadline April 30, 2018:

Ohio Department of Education, Scholarship Program Office
25 S. Front Street, Mail Stop 309 Columbus, Ohio 43215

#1

PRIMARY PARENT

NAME: _____
FIRST MIDDLE LAST MARITAL STATUS _____

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 Please 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

**EDCHOICE SCHOLARSHIP PROGRAM
2018-2019 INCOME VERIFICATION FORM**

2018 FEDERAL POVERTY GUIDELINES
Source: Off of the Asst. Sec. for Planning & Eval/US Dept. of HHS.

EdChoice families qualify for low income status if income is at or below 200% of the Federal Poverty Guidelines. This chart will help you determine if you may qualify.

- o Income status determines priority for awarding scholarships. It also determines if you family will be responsible for paying any tuition that is not covered by the scholarship.
- o Based on the number of people in your household, if your gross annual income is the amount listed on the chart or less, you may qualify for low income status.
- o Household size is determined by the following: the scholarship student, the legal guardian of the scholarship student, the spouse of the legal guardian or birth father of any child under the age of 18 which the legal guardian also has custody.
- o Based on your household, determine from the list below which one fits your status. For example: If your status is #1 AND #4, submit the documents for both.

Number in Household	Gross Annual Amount (200%)
1	\$24,280
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760
For each additional person add:	\$8,640

You must provide documentation for all sources of income in your household. Documents should representative your CURRENT income. Please do not send original documents as they cannot be returned to you.

- 1) If you are currently employed (and have the same job you had all of last year): Send 4 current pay stubs for each job or your W-2s.
- 2) If you are currently employed (but did not work your current job for all of last year): Send 4 current pay stubs for each job.
- 3) If you are self-employed: Send a copy of your 2017 income tax forms, including Schedule C (the Profit and Loss statement).
- 4) If you receive other income sources: (eg., food stamps/OWF, child support, unemployment, Social Security, etc.): Send copies of official documentation that shows how much you receive from each one.

Example: If you currently work and receive food stamps and child support, you need to send in four current pay stubs, official documentation that shows how much you receive in food stamps, and official documentation that shows how much you receive in child support.

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	Gross Amount Before Taxes	How Often Received
	Example: John Smith	Employment-Kroger	\$1200	Bi-Weekly
	Example: Jane Smith	Child Support	\$475	Monthly

Signature of Primary Legal Guardian Required

Date

PLEASE RETURN THIS FORM AND ALL INCOME DOCUMENT COPIES TO THE ADDRESS LISTED BELOW

Deadline to submit is April 30, 2018

Ohio Department of Education, Scholarship Program Office
25 S. Front Street, Mail Stop 309 Columbus, Ohio 43215

NO FAXES ACCEPTED

01/24/2018

* Return to CLA