



To apply for low income status, please complete the following:

PRIMARY PARENT/LEGAL GUARDIAN:

Name First Middle Last

Marital Status:

Married Never Married Separated Divorced Widowed

Relationship to Scholarship Applicant:

Mother Father Step Parent Legal Guardian

Do you PAY Child Support? If Yes, Amount How Often?

Street Address Apt. #

City OHIO Zip Code

Home Phone Cell Phone

Email

SECONDARY PARENT/LEGAL GUARDIAN:

Name First Middle Last

Marital Status:

Married Never Married Separated Divorced Widowed

Relationship to Scholarship Applicant:

Mother Father Step Parent Legal Guardian

Do you PAY Child Support? If Yes, Amount How Often?

Street Address Apt. #

City OHIO Zip Code

Home Phone Cell Phone

Email

HOUSEHOLD INFORMATION:

Adults

Starting with yourself, list all of the adults who live in your household.

Name (First and Last)	Gender	Date of Birth	Last four of SSN#	Relationship to You	Receives Income
	M / F			Self	Y / N
	M / F				Y / N
	M / F				Y / N
	M / F				Y / N
	M / F				Y / N

Children

List all children under the age of eighteen who live in your household.

Scholarship Status (check one)

Name (First and Last)	Gender	Date of Birth	Last four of SSN#	Relationship to You	New	Renew	N/A
	M / F						
	M / F						
	M / F						
	M / F						
	M / F						
	M / F						
	M / F						

Income is any money that you and the people in your household receive from employment, child/spousal support, disability benefits, unemployment compensation, workers compensation, social security, SSI, veterans benefits etc.

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

Name (First and Last)	Employer or Income Source	Gross Amount	How Often Received
Example: John Smith	Child Support (OWF)	\$475	monthly

I declare that the information on this form is true, correct and complete to the best of my knowledge. I agree to provide documents to verify the information listed. I authorize the Ohio Department of Education to make whatever contacts are necessary to verify the information I have provided.

Parent/ Guardian Signature _____ **Date** _____

If you require more space, please duplicate this page and submit with application.

Must be received by May 31, 2012



Have you completed the following to apply for low income status?

- Completed all sections of this form (page 1 and 2)
- Signed the Income Verification Form (page 2)
- Attached documentation** of all sources of income. Documents should be representative of current income. Income will not be verified without submission of all required documentation. Acceptable **CURRENT** income documentation may include:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Income tax returns • W-2 Forms • 1099 • Pay stubs (at least two) • Business records • Child Support • Proof of Eligibility for OWF/food stamps • Unemployment | <p>Correspondence from the:</p> <ul style="list-style-type: none"> • Ohio Bureau of Workers Compensation • Social Security Administration • Department of Job and Family Services • Other providers of benefits |
|--|--|

If yes, mail this form and COPIES of all required documentation to:

Ohio Department of Education (ODE)
Cleveland Scholarship Program
25 South Front Street, Mail Stop 309
Columbus, Ohio 43215

Please note that only **ONE Income Verification Form is needed per family.*

This form and all supporting documents must be postmarked to ODE by May 31, 2012

Please visit the Cleveland Scholarship Program website for additional information www.cstp.education.ohio.gov.

Please keep a copy of this completed form for your records