

## AUTISM SCHOLARSHIP PROGRAM 2018-2019 STUDENT APPLICATION

### STUDENT INFORMATION \*\*\*Please use Birth Certificate for student data\*\*\*

NAME:

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

GENDER: MALE  FEMALE

DATE OF BIRTH: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

NATIVE LANGUAGE: \_\_\_\_\_ LAST FOUR DIGITS OF SSN#: \_\_\_\_\_

Current Grade Level 2017-2018: \_\_\_\_\_

MOTHERS MAIDEN NAME: \_\_\_\_\_ Grade Level 2018-2019: \_\_\_\_\_

ETHNICITY:  Asian/Pacific Islander  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander  
 Select Only One:  Black/Non-Hispanic  Multiracial  Hispanic  White/Caucasian/Non-Hispanic

### IS YOUR STUDENT REGISTERED FOR HOME SCHOOLING? OR ATTENDING A PRIVATE SCHOOL?

REGISTERED AS HOME SCHOOLED: YES  NO

IF NO, PROVIDE NAME OF PRIVATE SCHOOL STUDENT WILL ATTEND: \_\_\_\_\_

### PRIMARY GUARDIAN

I am the (check one)  Natural Parent  Legal Guardian  
 Adoptive Parent  Guardian of student applying for scholarship funds  
 Residential Parent  Student that is at least eighteen years of age

NAME: \_\_\_\_\_  
FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN# LAST FOUR DIGITS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

IN WHAT COUNTY DO YOU LIVE? \_\_\_\_\_

IN WHAT SCHOOL DISTRICT DO YOU LIVE? \_\_\_\_\_

### SECONDARY GUARDIAN

NAME: \_\_\_\_\_

DATE OF BIRTH: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
 SSN# LAST FOUR DIGITS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

Proof of Address

Proof of residency 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 (within 60 days). Post office boxes are not acceptable. 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): Utility Bills: Electric, Gas, Water, Sewer/water, Cable/Internet, OR Lease/rental agreement and one (1) other official document, OR Monthly mortgage statement. Cell phone bills are not accepted. The entire utility bill must be submitted showing a matching service and mailing address. Additional information can be found on the scholarship webpage.

Authorization and Release of Information

I \_\_\_\_\_ **AGREE TO THE FOLLOWING:**  
(Parent Name)

1. That the information provided on the application is true and correct;
2. I have submitted only one Autism Scholarship application for this student;
3. I have received the fee and service agreement;
4. I understand that acceptance of a scholarship relieves the school district of residence and the school district in which the student is entitled to attend school, if different, of the obligation to provide the child with FAPE;
5. I will inform the provider, my district of residence, and the department immediately of any change in the student's residential address, contact information or custody status;
6. I will inform the department, my provider and my district of residence of my withdrawal from the program and the return to the public school system;
7. I will inform the department of the addition or change of a selected service provider;
8. I will sign all scholarship checks received by my providers for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the provider, I will be responsible for paying the student's tuition and fees;
9. I understand that the scholarship can only be used for my child's education and the supportive service outlined in their IEP;
10. I understand that the scholarship can only be applied to the tuition and service fees of the enrolling Provider (s), and that I will be required to pay tuition and fees that exceed the amount of the scholarship and other fees and costs as prescribed by the policies of the provider.

I authorize the Ohio Department of Education, my school district of residence, the district of my nonpublic school and my selected providers to share the following information regarding my child: current and past Individualized Education Program (IEP), Evaluation Team Report (ETR), progress and interim reports.

**BY SIGNING BELOW, I AGREE TO ALL THE ABOVE STATEMENTS.**

**I AUTHORIZE:** \_\_\_\_\_ (Name of Provider)  
to submit an application on my behalf for the Scholarship Program through the Ohio Department of Education's electronic application system.

**Signature of Primary Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_