EdChoice/Expansion Scholarship Programs
2026-2027 Acceptance Form

This form must be completed by the parent/guardian and submitted to the school. Failure to return this form may result in termination of your scholarship.

Student's Full Name _____

Parent/Guardian Name _____

Private School Name Shekinah Christian School

☐ I accept the EdChoice Scholarship. By accepting the scholarship, I acknowledge I am declining/terminating any other scholarships that my child is currently receiving from the State of Ohio. I also acknowledge my child cannot have more than one scholarship from the State of Ohio at any given time.

I have read and agree to abide by the regulations below governing the EdChoice Scholarship Program:

- 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 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.
- The school will contact me when it receives the scholarship checks for me to sign. I will have 30 days to sign the check.
- 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 be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- I will inform the chartered nonpublic school and DEW of changes in family income that would impact whether of not the student is above or below 200 percent of the federal poverty level.
- I will complete the income verification when required.
- I will inform the chartered nonpublic school and DEW of any change in the student's residental address or custody status.
- I have received and understand the policy handbook of the chartered nonpublic school and will abide by it provisions.

☐ I decline the EdChoice Scholarship.

Parent/Guardian Signature _____ Date _____

The school will contact you when it receives the scholarship checks for you to sign. Failure to sign the checks will result in the parent/guardian being responsible for the tuition.

Please return this acceptance form to your private school.