

Student Full Name _____

Provider Name _____

APPROVAL FOR DEPOSIT OF SCHOLARSHIP CHECKS

I _____ (print parent/guardian name) give my permission to _____ (provider) to deposit checks from the Jon Peterson Special Needs Scholarship -OR- the Autism Scholarship for my child without my signature. I understand the following:

- My decision may be withdrawn at any time by completing the bottom portion of this form.
- I am not required to sign this form in order to participate in the scholarship program. I can choose to continue signing my child’s scholarship checks.
- I can view payments made from my child’s scholarship through the parent portal on the Ohio Department of Education’s website.

Parent/Guardian signature _____ Date _____



WITHDRAWAL OF APPROVAL

I withdraw my permission for my provider to deposit checks issued from the Jon Peterson Special Needs Scholarship -OR- Autism Scholarship without my signature. This withdrawal applies to all checks issued after the date of my signature below.

Parent/Guardian signature _____ Date _____

PLEASE RETURN THIS FORM TO YOUR PROVIDER