## AFFIDAVIT OF ELIGIBILITY FOR AN EDUCATIONAL CHOICE SCHOLARSHIP

**2023-2024 SCHOOL YEAR** 

Ohio Revised Code Section 3310.033

Affida	vit of						
			(Print Nan	ne)			
Name	of Student						
			(Print Nan	ne)			
Please	check all that apply	y:					
	(a) The Student	does not live in the C	Cleveland Munici	pal School District for the 2023-2024 school year.			
	(b) The Student' school year.	's sibling received a t	raditional Educa	tional Choice Scholarship for the 2022-2023			
If chec	ked, please comple	te the following:					
	The name of th	ne Student's sibling	who received t	he scholarship:			
	The relationship	of the SIBLING to th	e Student <i>(pleas</i>	se check where applicable):			
	Brother _	Half-brother	Sister	Half-sister			
	Cousin by b	irth, marriage, or add	ption who lives i	n the same household as the Student.			
	Foster child who lives in the same household as the Student (includes a child who is subsequently adopted by the child's foster family).						
	Child who lives in the same household as the Student due to being placed with a guardian or legal custodian.						
	Child who lives in the same household as the Student and is being cared for by a kinship caregiver (a relative or other adult who is caring for a child in place of the child's parents).						
		who has lived in the s est calendar year.	same household	as the Student for at least 45 consecutive days			
	(c) The Student is a foster child (a child placed with a foster caregiver — a person holding a valid foster home certificate issued by the Ohio Department of Job & Family Services).						
		is placed with a guar		dian, or kinship caregiver (an adult who is caring			
	lived in the same			ustodian, or kinship caregiver, but the Student has ualifications under (d) for at least 45 consecutive			

## #Each**Child**Our**Future**

 (f) The Student lives in a home that is certified as a foster home by the Ohio Department of Job & Family Services (includes a child who is not a foster child).
 (g) The Student's parent or guardian lives in Ohio, and the Student has lived in the household of an individual who is not the Student's parent or guardian for at least 45 consecutive days within the last calendar year and, if not living in the household, would have been homeless.
 (h) The Student has, for at least 45 consecutive days within the last calendar year, lived in the same

## **OATH OR AFFIRMATION**

(Do not sign until Notary Public is present.)

and, to the best of my knowledge an	d belief, th	, swear or affirm that I have read le facts and information stated in this Affic o not tell the truth, I may be subject to pe	lavit are true,
		(Sign here)	-
STATE OF OHIO	) ) SS		
COUNTY OF	,		
Sworn to or affirmed before me by		this day of	,
		Signature of Notary Public	-
		Printed Name of Notary Public	-
		Commission Expiration Date:	
		(Affix seal here)	