AUTISM SCHOLARSHIP PROGRAM
2026-2027 STUDENT APPLICATION

***** Student Data Must Match Birth Certificate *****

STUDENT INFORMATION

NAME: _____ _____ _____
(First) **(Middle)** **(Last)**

DATE OF BIRTH:_____ CITY OF BIRTH: _____ GENDER: FEMALE ◯ MALE ◯

NATIVE LANGUAGE:_____ MOTHERS MAIDEN NAME:_____

LAST FOUR DIGITS SSN#:_____ CURRENT GRADE LEVEL 2025-2026:_____ GRADE LEVEL 2026-2027:_____

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

WILL YOUR STUDENT BE HOME EDUCATED? OR ATTENDING A PRIVATE SCHOOL?

HOME EDUCATED: ◯ YES ◉ NO

IF NO, PROVIDE NAME OF PRIVATE SCHOOL STUDENT WILL ATTEND: My Place To Be

PRIMARY GUARDIAN

I AM THE (CHECK ONE): ◯ Natural Parent ◯ Adoptive Parent ◯ Residential Parent ◯ Student that is at least eighteen years of age ◯ Legal Guardian of student applying for scholarship funds

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: _____ _____ _____
(First) **(Middle)** **(Last)**

DATE OF BIRTH:_____ SSN# LAST FOUR DIGITS:_____

PHYSICAL ADDRESS:_____

CITY, STATE, ZIP:_____

PHONE:_____ E-MAIL:_____

RELATIONSHIP TO STUDENT:_____

THIS FORM MUST BE RETURNED TO THE PROVIDER WITH CURRENT PROOFOF ADDRESS

Ohio Department of Education & Workforce

PROOF OF ADDRESS

Proof of residency is required of all first year and renewal applicants and must be submitted to the school with the application. Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill **MUST SHOW MATCHING SERVICE AND MAILING ADDRESS** in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.

Other Acceptable Documents: A monthly mortgage statement (less than 90 days old) **OR** lease/rental agreement (signed by lessee and lessor) **AND** a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc) with parent/guardian's name and address. ***Additional information can be found on the scholarship webpage. ***

AUTHORIZATION AND RELEASE OF INFORMATION

I_____**AGREE TO THE FOLLOWING:**

(**Parent Name**)

1. The information provided on the application is true and accurate;
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 tuition and services outlined in their IEP or AEP;
10. I understand that the scholarship can only be applied to the tuition and fees of the provider(s), and that I will be required to pay tuition and services that exceed the amount of the scholarship and services and costs as prescribed by the policies of the provider.

I authorize the Ohio Department of Education & Workforce, 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), Autism Education Plan (AEP), data for the IEP and ETR development including progress and interim reports.

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

I AUTHORIZE: My Place To Be (Name of Provider)
to apply on my behalf for the Scholarship Program through the Ohio Department of Education & Workforce's electronic application system.

Signature of Primary Guardian:_____**Date:**_____

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The Ohio Department of Education & Workforce does not discriminate on the basis of race, religion, gender, nationality, age, disability, or ethnic background. The Ohio Department of Education & Workforce is an equal opportunity employer and provider of ADA services. The Department's Notice of Non-Discrimination applies to all programs and activities.

Department of Education & Workforce