

## **Cleveland and EdChoice Scholarship Transfer Form**

The scholarship may be transferred to another participating provider during a school year. This form must be used to request a transfer of the scholarship. The parent/guardian of the student and an official of the new provider, to where the parent/guardian is requesting the scholarship to be transferred, must sign this form.

Please note that the scholarship will be TERMINATE does not enroll in another participating provider with		
Please check one		
☐ I would like to transfer my EdChoice S	cholarship to a different EdCho	oice Scholarship provider
☐ I would like to transfer my Cleveland S	Scholarship to a different Clevel	and Scholarship provider
Student Full Name: First		
First	Middle	Last
Parent/Guardian Full Name:		
First	Middle	Last
	system, parent/guardian MUST SUBMIT A	
MM DD YYYY Name of Previous Provider	City	IRN#
TRANSFER FROM: **Parent is responsible for First day of attendance at NEW provider:	signing all checks issued to previo	ous provider**
MM DD YYYY Name of New Provider	City	IRN#
Signature of Provider Official:		Date Signed
Signature of Parent/Guardian:		
		Date Signed

## Please read carefully:

The new provider is responsible for collecting this completed form from the parent/guardian and completing the on-line transfer for this student's scholarship. Remember to enter the tuition and attendance in order to receive payment. Note: The program requires that the Enrollment End Date (or withdrawal date) must be the student's actual last day of attendance at the previous provider.

This form must be kept on file at the provider where the student has transferred. The new provider is solely responsible for entering all transfers once the student has been accepted and begins to attend the new provider.

