

COMMUNITY FOUNDATION
APPLICATION FOR EITC SCHOLARSHIP

Application Deadline
July 15, 2020

To qualify for the K-12 scholarship, the parents of the student must either reside in or be employed by a company located in Armstrong or Butler Counties. To qualify for the Pre-K scholarship, the parent(s) of the student must reside or work in Armstrong County only. An eligible student is a school age student (Pre-Kindergarten through grade 12) who is a resident of Pennsylvania, enrolled in a school in this Commonwealth, and a member of a household with an annual household income of not more than \$90,000, except that an additional income allowance of \$15,842 is permitted for the student and for each other dependent (as defined by the IRS) living within the same household.

1. Complete this application and return to the address below by **July 15, 2020**. NO APPLICATIONS POSTMARKED AFTER THIS DATE WILL BE CONSIDERED FOR THE 2020-2021 SCHOOL YEAR.

2. Attach the following to the completed application:

One (1) copy of the Family **2019 Federal Income Tax Return (Form 1040)**, pages 1 and 2 only of the person that claims the children applying for a scholarship.

If you have additional dependents that did not fit on page 1 of your tax form, please include the "statement 1", which includes the list of additional dependents.

*Please feel free to black out private information such as social security numbers and bank account information as we do not need it. Regardless, all applications are kept securely and confidential.

If no taxes were filed, you must provide proof of whatever income you have (SSI, Child Support, Food Stamps, etc.).

3. Send the completed application to the ACCF, 220 S. Jefferson Street, Kittanning, Pennsylvania 16201.

Name of Parent(s) _____

Home Address _____

City _____ State _____ Zip _____

Phone Number(s) _____

Email Address (do not list if you don't check regularly) _____

County of residence (please check one): Armstrong Butler *Other _____

If you do **not reside in Armstrong or Butler Counties, please provide the following:*

Place of Employment: _____

Company address: _____

County of employment (please check one): Armstrong Butler

Please provide information for each dependent child applying for a scholarship:

Name _____

Grade: _____

School enrolled at _____

Tuition Cost (annual) _____

Name _____

Grade: _____

School enrolled at _____

Tuition Cost (annual) _____

Name _____

Grade: _____

School enrolled at _____

Tuition Cost (annual) _____

Name _____

Grade: _____

School enrolled at _____

Tuition Cost (annual) _____

*Please provide any information concerning changes in your financial status since the above return was filed on a separate sheet of paper (any explanation of reduced income **MUST** be accompanied by supporting documentation to be considered).*

To the best of my knowledge, all of the information above and attached is accurate and true.

Signature of Parent/Guardian _____ Date _____