COMMUNITY FOUNDATION
APPLICATION FOR EITC SCHOLARSHIP

To qualify for this scholarship, the parents of the student must either <u>reside</u> or <u>be employed by</u> a company <u>located in Armstrong or Butler Counties</u>. An eligible student is a school age student (Kindergarten through grade 12) who is a resident of Pennsylvania, enrolled in a school located in this Commonwealth, and a member of a household with an annual household income of not more than $77,648, except that an additional income allowance of $15,530 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 **June 15, 2018**. NO APPLICATIONS POSTMARKED AFTER THIS DATE WILL BE CONSIDERED FOR THE 2018-2019 SCHOOL YEAR.*

2. *Attach the following to the completed application:*
   *One (1) copy of the Family **2017 Federal Income Tax Return (<u>Form 1040</u>), pages 1 and 2 only** of the person that claims the children applying for a scholarship.*
   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 <u>Community Foundation, 220 S. Jefferson Street, Kittanning, Pennsylvania 16201</u>.*

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 <u>applying for a scholarship</u>:

Name_____	Name_____
Grade: _____	Grade: _____
School enrolled at _____	School enrolled at _____
Tuition Cost (annual) _____	Tuition Cost (annual) _____
Name_____	Name_____
Grade: _____	Grade: _____
School enrolled at _____	School enrolled at _____
Tuition Cost (annual) _____	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 _____

All information is kept confidential.