**EITC Pre-K Scholarship Program**

This document is to be used by students and their parents to apply for the Greater Pike Community Foundation Pre-Kindergarten Scholarship.

**The GPCF Pre-Kindergarten Scholarship is for:**

**a)** Residents of Pennsylvania with children between the ages of three and six years of age,

**b) Registered/enrolled/attending** an approved Pre-Kindergarten program in Pike County (Green Trees Early Learning Center and Center for Developmental Disabilities); and,

**c)** Earn a household income of less than $92,160 annually, plus $16,222 for each dependent child (see Age and Income Eligibility Criteria on next page for more information.)

Please note: the Pre-K scholarship does not pay for child care before or after the pre-school hours.

**The application form must be accompanied by a copy of the most recent, signed, IRS Federal Tax Return for all wage-earning adults residing in the household, or it will be considered incomplete.**

Return the completed application and attachments to **GPCF, P.O. Box 992, Milford, PA 18337**

**Application Deadlines:**

Applications are accepted on a rolling basis. Applications that are incomplete or do not meet the eligibility criteria will not be considered.

Parents will receive a letter confirming receipt of the application and eligibility status of the application.

All scholarship awards are paid to the approved Pre-Kindergarten program on behalf of the student and should be credited by the school to the student’s account on a monthly basis. Scholarship awards may not exceed the actual amount of tuition charged by the program, including other scholarships or tuition assistance for the child; nor shall the scholarship exceed the amount of tuition charged to non-scholarship students.

Should the student leave the Pre-Kindergarten program before the end of the program year, the parent/guardian and school must notify Greater Pike and the remainder of the scholarship must be reimbursed to GPCF by the school.

**Age and Income Eligibility Criteria**

An eligible student is at least three years of age, registered/enrolled in and/or attending an approved pre-kindergarten/preschool program, and is a member of a household with an annual household income of not more than $92,160, **except that an additional income allowance of $16,222 is permitted for the student and for each other dependent (as defined by the IRS) living within the same household. Income Eligibility Information: VERIFICATION IS REQUIRED FOR ALL ADULT WAGE EARNERS RESIDING IN THE HOUSEHOLD.**

In calculating household income for the purpose of determining student eligibility, you must include **ALL monies and property received of whatever nature and from whatever source**, **except for the following**:

**a**. Periodic payments for sickness and disability other than regular wages received during a period of sickness or disability.

**b.** Disability, retirement or other payments arising under workers' compensation acts, occupational disease acts and similar legislation by any government.

**c.** Payments commonly recognized as old age or retirement benefits paid to persons retired from service after reaching a specific age or after a stated period of employment.

**d.** Payments commonly known as public assistance or unemployment compensation payments by a governmental agency.

**e.** Payments to reimburse actual expenses.

**f.** Payments made by employers or labor unions for programs covering hospitalization, sickness, disability or death, supplemental unemployment benefits, strike benefits, social security and retirement.

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| **g.** Compensation received by United States servicemen/women serving in a combat zone.  **Income Eligibility for EITC Scholarships** | |
| **Number of Dependent Children in Household** | **Maximum Income to be Eligible** |
| 1 Child | $108,382 |
| 2 Children | $124,604 |
| 3 Children | $140,826 |
| 4 Children | $157,048 |
| 5 Children | $173,270 |
| \*For each additional dependent child add $16,222. | |

With respect to an eligible student with a disability, multiply the sum of $92,160 plus the allowance(s) of $16,222 per student and dependent, by the support level factor of 1.50 if the student is not enrolled in a special education pre-kindergarten program or by the support level factor of 2.993 if the student is enrolled as a student in a special education pre-kindergarten program.

**PA EITC Pre-K Scholarship Application**

Is your child ELIGIBLE?

 My child is currently 3 – 6 years old **AND**  I earn less than $92,160 annually (for each dependent child add $16,222)

**STUDENT INFORMATION**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_   
  
Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender:  Male  Female  Other

Address: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_County \_\_\_\_\_\_\_\_\_\_

**STUDENT SCHOOL INFORMATION**

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Tuition (include all required fees): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Assistance Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

1st Parent / Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Parent / Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people living in my/our household in 2021 (include yourself):

Adults: \_\_\_\_ Children: \_\_\_\_\_\_

Current marital status of 1st Parent / Guardian:

 Single  Married  Divorced  Divorced / Remarried  Widowed

 Separated (Mo/Yr) \_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD INCOME INFORMATION**

To be eligible for a scholarship, your annual household income (including income from all persons living in the household and any child support, alimony, public assistance, Supplemental Income including SSI, Disability Income, Social Security benefits or pensions) must not exceed $92,160 plus $16,222 per dependent child. With this application, you must submit a copy of your Federal Income Tax Return (IRS Form 1040, 1040A, or 1040EZ) for last year 2020 with copies of all W-2 Forms and documentation of all other income sources. Any parent or guardian who claims the student as a dependent must report income on this form and attach the necessary documentation.

**Income Sources**

Gross Income reported on Federal 1040 Forms:

$ \_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ + $ \_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_

1st Parent/Guardian Additional Parent/Guardian Total Household Income

**VERIFICATION SIGNATURE**

I certify that all of the included information is true and correct, all income is reported, and the income documents enclosed provide a true and accurate verification of my annual household income. I understand that the deliberate misrepresentation of the information may result in the scholarship being denied or terminated and may subject me to prosecution under State and Federal laws. I understand that the grant payments will continue for one year only as long as my child is enrolled at the school, my family continues to qualify under the scholarship income guidelines, and I stay current on the tuition balance. Any unused portion of the scholarship award, for whatever reason, must be refunded to Greater Pike Community Foundation (GPCF). Further, I understand that the scholarships are awarded according to the prioritized selection of the qualified applicants, as per the guidelines, and that the grant awards are the sole responsibility of GPCF, and all decisions are final. I agree to have my child's past and current progress reports released by the school to GPCF for program evaluation. I agree to release GPCF, and its Board of Directors and employees or partners, from any liability in its efforts to provide these educational grants which are renewable annually at the sole discretion of GPCF.

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Signature of 1st Parent / Guardian Social Security # Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of 2nd Parent / Guardian Social Security # Date

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| --- | --- | --- |
| **OFFICE USE ONLY**  Date Received: | Complete: Yes No |  |