



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; and,
- c)** Earn a household income of less than \$85,000 annually, plus \$15,608 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 \$85,000, **except that an additional income allowance of**



\$15,608 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.
- 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	\$100,608
2 Children	\$116,216
3 Children	\$131,824
4 Children	\$147,432
5 Children	\$163,040

*For each additional dependent child add \$15,608.



PA EITC Pre-K Scholarship Application

Is your child ELIGIBLE?

My child is currently 3 – 6 years old **AND** I earn less than \$85,000 annually (for each dependent child add \$15,608)

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 2019 (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 \$85,000 plus \$15,608 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 2018 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:

$$\begin{array}{rcccl} \$ \underline{\hspace{2cm}} & + & \$ \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\ \text{1st Parent/Guardian} & & \text{Additional Parent/Guardian} & & \text{Total Household Income} \end{array}$$

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.

Signature of 1st Parent / Guardian Social Security # Date

Signature of 2nd Parent / Guardian Social Security # Date

OFFICE USE ONLY

Complete: Yes No

Date Received: