

COMMUNITY FOUNDATION  
APPLICATION FOR EITC SCHOLARSHIP

Application Deadline  
**June 15, 2015**

**To qualify for this scholarship, the parents of the student must either reside or be employed by a company located in Armstrong or Butler Counties. An eligible student is a school age student (Pre-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 \$75,000, except that an additional income allowance of \$15,000 is permitted for the student and for each other dependent (as defined by the IRS) living within the same household.**

**\*\*\*Please note that all Butler County residents applying for Pre-K Scholarships should apply at United Way of Butler County. Contact Kierston at KHobaugh@butlerunitedway.org  
Butler County residents applying for K-12 Scholarships should complete this application.**

1. Complete this application and return to the address below by **June 15, 2015**. **NO APPLICATIONS POSTMARKED AFTER THIS DATE WILL BE CONSIDERED FOR THE 2015-2016 SCHOOL YEAR.**
2. Attach the following to the completed application:  
One (1) copy of the Family **2014 Federal Income Tax Return (Form 1040)**, 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 Community Foundation, 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 \_\_\_\_\_  
Please check one:  
 Pre-K Age: \_\_\_\_\_  K-12 Grade: \_\_\_\_\_  
School enrolled at \_\_\_\_\_  
Tuition Cost (annual) \_\_\_\_\_

Name \_\_\_\_\_  
Please check one:  
 Pre-K Age: \_\_\_\_\_  K-12 Grade: \_\_\_\_\_  
School enrolled at \_\_\_\_\_  
Tuition Cost (annual) \_\_\_\_\_

Name \_\_\_\_\_  
Please check one:  
 Pre-K Age: \_\_\_\_\_  K-12 Grade: \_\_\_\_\_  
School enrolled at \_\_\_\_\_  
Tuition Cost (annual) \_\_\_\_\_

Name \_\_\_\_\_  
Please check one:  
 Pre-K Age: \_\_\_\_\_  K-12 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 \_\_\_\_\_

**All information is kept confidential.**