

Application for Tuition Assistance

Conestoga Christian School
2760 Main Street, Morgantown, PA 19543



1. Information regarding the applicant-student.

- A. Name: _____
- B. Birth date: _____
- C. Social Security Number: _____
- D. Grade in which student will be enrolled in the coming academic year: _____
- E. Names of each dependent in student's household (including student):

2. Information concerning parents/guardians of student.

First parent or guardian:

- A. Name: _____
- B. Address: _____
- C. Social Security Number: _____
- D. Telephone Number: _____
- E. E-mail Address: _____

Second parent or guardian:

- F. Name: _____
- G. Address: _____
- H. Social Security Number: _____
- I. Telephone Number: _____
- J. E-mail Address: _____

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3. Income criteria. The Act requires scholarship organizations to make awards only to those who qualify on income criteria established under the Act. The applicant's household income may not exceed \$50,000 plus an income allowance of \$10,000 for each eligible student and dependent member of the household. Household income does not include: disability payments; worker's compensation; retirement pensions; public assistance or unemployment compensation; reimbursement for work-related expenses; employer or union payments for hospitalization, death benefits, supplemental unemployment; strike benefits; social security and retirement; and combat pay for military personnel.

Total household income of student's household is: \$ _____

Enclosed with this application are photocopies of all federal income tax returns filed by members of the student's household for the most recent calendar year.

4. Certification. The undersigned parent(s)/guardian(s) of the student certify that the information contained in this application is true and correct to the best of their knowledge, and the accompanying copies of federal income tax return(s) and pay stub(s) are true and correct copies of the originals. The school is authorized to deliver this application and the accompanying information to the scholarship organization.

Date: _____

Signed: _____

Parent or guardian

Parent or guardian

This is an application for financial assistance authorized by Pennsylvania Act 4 of 2001, which authorizes the award of an educational improvement tax credit (EITC) to businesses that make contributions to certain scholarship organizations. This application shall be **submitted to the Business Manager at Conestoga Christian School**, for forwarding to the scholarship organization.

Return this form to
Business Manager, Conestoga Christian School, 2760 Main Street, Morgantown, PA 19543.
Be sure to include photocopies of most recent federal income tax returns