Is Your Child Eligible to Apply for an EITC K-12 Scholarship?

- Residents of York County, Pennsylvania
- Enrolled in a K-12 tuition-based school in Pennsylvania for the 2020-21 school year
- Annual household income is no more than $90,000 plus $15,842 for each dependent child (for example, for a household with 1 child, the maximum household income cannot exceed $105,842)*

*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:**

- Periodic payments for sickness and disability other than regular wages received during a period of sickness or disability.
- Disability, retirement or other payments arising under workers' compensation acts, occupational disease acts and similar legislation by any government.
- 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.
- Payments commonly known as public assistance or unemployment compensation payments by a governmental agency.
- Payments to reimburse actual expenses.
- Payments made by employers or labor unions for programs covering hospitalization, sickness, disability or death, supplemental unemployment benefits, strike benefits, social security and retirement.
- Compensation received by United States servicemen/women serving in a combat zone.

How to Apply

The completed two-page Application Form **MUST** be accompanied by a copy of **Pages 1 and 2** from the most recent, signed Federal Tax Return – Form 1040, 1040A or 1040EZ for **ALL wage-earning adults residing in the household**, or it will be considered incomplete.

- Please make sure the child(ren) for whom the scholarship is intended is listed as a dependent on one of the submitted Federal Tax Returns.
- If you are **not** required to file a Federal Tax Return and receive only non-taxable income, please submit documentation of your non-taxable income (SSI, Child Support, etc.). This is required for acceptance of this application.
- For questions regarding the EITC Scholarship Application, contact the Crispus Attucks Association Development Department at development@crispusattucks.org.

Application and income documentation can be mailed to:

Attn: Development Department
Crispus Attucks Association
613 S. George Street
York, PA 17401

**OR Submit application electronically using:**

- Email: development@crispusattucks.org
- Fax: 717-843-8966

**PLEASE DO NOT HAND DELIVER APPLICATION**

**Scholarship Application Deadline: July 31, 2020** (Awards anticipated to be announced in August 2020.)
Dear Parent/Guardian:

In order to be considered for an EITC K-12 Scholarship for the upcoming school year, your completed application with the required income documentation MUST be received by the Crispus Attucks Association (CAA) on/before July 31, 2020.

- All scholarship application information will be maintained by the CAA Development Department in the strictest confidentiality, and will not be used for other purposes.
- Selection for scholarship will be determined without regard to the applicant’s race, color, religious creed, age, disability, ancestry, national origin, sex, sexual orientation, or genetic information.
- Scholarship awards are not guaranteed; they are based on a sliding income scale, availability of funds, and number of eligible applicants as determined by the CAA Development Department.

Please fill out the following information to the best of your ability:

**APPLICANT INFORMATION: PARENT(s)/GUARDIAN(s) RESIDING WITH STUDENT**

Provide information for the parent, guardian or other adult responsible for the tuition of the child(ren) attending the K-12 private school.

Parent/Guardian #1: ____________________________________________________________

- Mother ☐  Father ☐  Stepmother ☐  Stepfather ☐  Other (Specify): ______________

Parent/Guardian #2: ____________________________________________________________

- Mother ☐  Father ☐  Stepmother ☐  Stepfather ☐  Other (Specify): ______________

Address: ____________________________________________ City/ST/Zip ________________

Telephone: _______________________________ Email: __________________________________

**PRIVATE SCHOOL STUDENT INFORMATION**

Private School Student #1 Name (First & Last):__________________________________________

Date of Birth: _____/_____/_______ Age: _______ Grade in Fall: _______ Annual Tuition: $__________

Private School: __________________________________________________________________

Private School Student #2 Name (First & Last):

______________________________________________________________

Date of Birth: _____/_____/_______ Age: _______ Grade in Fall: _______ Annual Tuition: $__________

Private School: __________________________________________________________________

Private School Student #3 Name (First & Last):

______________________________________________________________

Date of Birth: _____/_____/_______ Age: _______ Grade in Fall: _______ Annual Tuition: $__________

Private School: __________________________________________________________________

List any additional children requesting EITC Scholarship assistance on a separate sheet.
**HOUSEHOLD INFORMATION**

List the name and relationship of additional people (not listed on Page 1) that live in the same household as the applicant(s) whether or not they are related by blood or marriage.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to parent/guardian</th>
<th>Age</th>
<th>Dependent</th>
</tr>
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<tbody>
<tr>
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<td>No</td>
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</tbody>
</table>

For additional household members, please continue on a separate sheet.

Total Annual Household Income: $ _____________
Total # of Adults in Household (include yourself): _______  Total # of Dependent Children in Household: _______

**REQUIRED INCOME DOCUMENTATION**

- ATTACH a copy of Pages 1 and 2 of the most recently signed Federal IRS Tax Return to verify your household income.
  - If you do not file an IRS Form 1040, 1040A or 1040EZ and receive only non-taxable income please submit documentation or verification of your non-taxable income. This is required for acceptance of this application.

**APPLICANT SIGNATURE**

- I certify that all information on this form, as well as supporting documentation, is true, correct, and complete to the best of my/our knowledge and that ALL household income has been reported.
- I understand that deliberate misrepresentation of this information may result in the scholarship being denied or revoked, and any payments made by CAA must be reimbursed.
- If awarded a scholarship, I understand the funds will be paid directly to the school and applied to my child’s tuition account. If my child is voluntarily or involuntarily withdrawn from the school prior to the end of the school year, the scholarship funds, prorated based on the amount of time remaining for the school year, must be returned to CAA within 30 days of the withdrawal date.
- By signing below, I give permission to CAA to contact the school my child(ren) attend to confirm the actual tuition amount to be paid by the family.

_________________________  __________________________
Parent/Guardian Signature  Date

Submit your completed application with the required income documentation on or before July 31, 2020 to:

Attn: Development Department
Crispus Attucks Association
613 S. George Street
York, PA 17401

OR Submit application electronically using:
Email: development@crispusattucks.org
Fax: 717-843-8966

CAA is not responsible for missing, misdirected, incomplete or late applications.