



2024-25 Educational Improvement Tax Credit K-12 Scholarship Application Form

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 2024-25 school year
- Annual household income is no more than \$96,676 plus \$17,017 for each dependent child (for example, for a household with 1 child, the maximum household income cannot exceed \$113,693).

Calculating Household Income

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 – Scholarship Application Deadline is July 31, 2024

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 York Development Department at development@crispusattucks.org.

Application and income documentation can be mailed to: Development Department, Crispus Attucks York, 613 South George Street, York, PA 17401 **OR** emailed to development@crispusattucks.org.

PLEASE DO NOT HAND DELIVER APPLICATION



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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 **on/before July 31, 2024.**

- All scholarship application information will be maintained by the 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 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 or guardian 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: _____

Private School: _____

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

Date of Birth: ____/____/____ Age: _____ Grade in Fall: _____

Private School: _____

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

Date of Birth: ____/____/____ Age: _____ Grade in Fall: _____

Private School: _____

Private School Student #4 Name (First & Last): _____

Date of Birth: ____/____/____ Age: _____ Grade in Fall: _____

Private School: _____

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



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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.

Name	Relationship to parent/guardian	Age	Dependent	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

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

Total Annual Household Income: \$ _____

Total # of Adults in Household (include yourself): _____ **Total # of Dependents 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 Crispus Attucks York must be reimbursed.
- I understand that Crispus Attucks York is not responsible for missing, misdirected, incomplete or late applications.
- 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 Crispus Attucks York within 30 days of the withdrawal date.
- By signing below, I give permission to Crispus Attucks York 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, 2024 to: Development Department, Crispus Attucks York, 613 South George Street, York, PA 17401 **OR** email to development@crispusattucks.org.