

Community Foundation of Greene County

P.O. Box 768 Waynesburg, PA 15370

Phone: 724-627-2010 Fax: 724-627-2011 Email: cfgcpa@gmail.org Website: www.cfgcpa.org

Confidential Application for K – 12 Scholarships For Greene County, PA, Residents Only

1. Parent(s) or Guardian(s) residing with student (and primary custodian)

Name: _____

Check one: Father Mother Stepfather Stepmother Other (specify) _____

Name: _____

Check one: Father Mother Stepfather Stepmother Other (specify) _____

2. Primary Contact Information:

Street Address: _____ City _____ State _____ Zip _____

County: _____ Home Phone: _____ Work Phone: _____

Other Phone: _____ Email: _____

3. Child(ren) Attending K-12 Private/Parochial School

Child 1: _____

Full Name (First, MI, Last) _____ Age _____ Birthdate _____

Name of School _____ Grade Enrolled (for scholarship year) _____

Total Tuition Amount: _____ Other scholarships or tuition assistance: _____

Child 2: _____

Full Name (First, MI, Last) _____ Age _____ Birthdate _____

Name of School _____ Grade Enrolled (for scholarship year) _____

Total Tuition Amount: _____ Other scholarships or tuition assistance: _____

(List any additional children requesting K-12 Scholarship assistance on a separate sheet.)

4. Please list the name and relationship of ANY ADDITIONAL individuals living in the household as the applicant(s). Also, please check the appropriate response to indicate if the person is a dependent.

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

(Please continue on back or separate sheet for other household members.)

5. Attach a complete photocopy of your **most recent IRS Tax Return - Form 1040, 1040A, or 1040EZ** (as signed and filed with the IRS, including all Schedules) Forms **for ALL wage-earning adults residing with the applicant(s)**. If you do not file an IRS Form 1040 and receive only non-taxable income please submit documentation/verification of your non-taxable income. **(This is required for acceptance of this application.)**

6. Please attach a copy of the student's school transcript. Attached School will send None

7. Signature of Parent(s) or Guardian(s). I/We certify that all information on this form, as well as all supporting documentation, is true, correct, and complete to the best of my/our knowledge and that **all household income** has been reported. I/We understand that **deliberate misrepresentation of this information may result in the scholarship being denied or revoked, and any payments made by CFGC must be reimbursed.**

Signature _____ Date _____ Printed Name _____

Signature _____ Date _____ Printed Name _____



EITC K-12 Scholarship Program – Policy and Procedures

- 1) The amount of scholarship paid for any individual student shall not exceed the actual tuition and fees charged, nor the tuition and fees charged to non-scholarship students. Tuition for scholarship students may not be more or less than that of non-scholarship students receiving comparable services. The school is responsible to provide CFGC with the eligible tuition amount for each student.
- 2) The scholarship will be paid directly to the school on behalf of the student. The family shall not receive any direct cash benefit from the scholarship.
- 3) Scholarships will be issued to the school after September 30, or January 31, and only following CFGC's receipt of the signed Scholarship Accountability and Reimbursement Agreement Form from the K-12 school.
- 4) The school must credit the scholarship to the student's account on a pro-rated monthly basis.
- 5) The school and parent/guardian must notify CFGC immediately if a student withdraws or is removed from the school, or otherwise becomes ineligible for an EITC scholarship.
- 6) Scholarship funds for students who withdraw or are removed from the school, or become ineligible for the scholarship prior to the end of the school year must be refunded to The Community Foundation of Greene County by the school within 30 days following the date of withdrawal, removal or determination of ineligibility of the student(s). The scholarship reimbursement shall be pro-rated based on the amount of time remaining for the school term.
- 7) Acceptance of this scholarship does not exempt the family or student from abiding by the policies of the school and the school has the right to remove a child from the program at any time for failure to abide by their policies.
- 8) EITC Scholarship funds may not be used to hold a space open for a student who is not actively attending classes. Exceptions for extended illness or medical absences may be made by contacting CFGC as soon as it is determined that the extended absence is necessary. Proof of illness or medical excuse may be required for approval of the exception.
- 9) Selection for scholarship shall be determined without regard to race, gender, religion, or similar characteristics of the applicants. Scholarship amounts are based on a sliding income scale as determined by the CFGC Grantmaking Committee, as well as upon the availability of funds and the number of eligible applicants.
- 10) All application information must be fully completed and submitted on time by the applicant in order for the application to be considered, including the Application Form, a copy of the most recent Federal Income Tax Return, and a copy of the student's school transcript and submitted according to the application deadline policy.
- 11) All application information will be maintained by the Foundation in the strictest confidentiality, including income information.

By signing this form, we agree to abide by the EITC K-12 Scholarship Policies and Procedures. Further, we acknowledge that failure to abide by these policies and procedures may result in the student's removal from the EITC K-12 scholarship program and that the parent/guardian will be held responsible for any monies owed to the school. (THIS FORM MUST BE RETURNED WITH THE APPLICATION)

Signature –Parent/Guardian

Date

Printed Name

Please Print Child(rens) Name(s)

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Confidential Application for K – 12 Scholarships **Description and Criteria**

This document is to be used by students and their parents to apply for the Community Foundation of Greene County K-12 Scholarship. The CFGC K-12 Scholarship is for residents of Greene County, Pennsylvania with children ages five years and older, attending an approved private or parochial school located in Pennsylvania, and, who earn a household income of less than \$50,000 annually, plus \$10,000 for each dependent child (see below for more information.)

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. (We do NOT accept pay stubs, W-2 Forms or state tax return forms.) Also attach a copy of the student's transcript.

Scholarship awards will be determined as funding becomes available for the school year – usually in mid-September. A second round of scholarships for new applicants will be determined in January for the remainder of the school year pending available funds.

Return the completed application and attachments to CFGC, PO Box 768, Waynesburg, PA 15370

Application Deadlines: Applications MUST be RECEIVED no later than:

Round 1: Received **August 20** for academic year scholarship (September – May)

Round 2 Received **January 8** for new applicants (January – May)

(If the deadline falls on a Sunday, applications may be received the following Monday.)

All hand-delivered applications must be received by 4pm on the deadline date, or the following Monday only if the deadline falls on a weekend. **Applications not meeting the deadline criteria will not be considered.**

All scholarship awards are paid to the approved K-12 Private and Parochial schools 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 K-12 program before the end of the school year, the parent/guardian and school must notify CFGC and the remainder of the scholarship must be reimbursed to CFGC by the school.

Age and Income Eligibility Criteria:

An eligible student must be at least 5 years of age, enrolled in and attending grades Kindergarten through Grade 12 at an approved private or parochial school, and is a member of a household with an annual household income of not more than \$50,000, **except that an additional income allowance of \$10,000 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, **ALL monies and property received of whatever nature and from whatever source are to be included, 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.