

The Eastern Pennsylvania Scholarship Foundation, through the generosity of donors in response to the Commonwealth of Pennsylvania Pre-K Educational Improvement Tax Credit legislation, has made available scholarship grants for the 2013-2014 school year. Disbursement of these funds is subject to the guidelines established by the Commonwealth of Pennsylvania and the Eastern Pennsylvania Scholarship Foundation.

WHO IS ELIGIBLE TO APPLY?

Eligible students are defined as school age residents of Pennsylvania, enrolled in a school located in Pennsylvania from a household that has a combined annual income not to exceed \$75,000 (increased by \$15,000 for each dependent). For example, a single parent with one child and an income that does not exceed \$75,000 qualifies. A household with two parents and one child with a combined income that does not exceed \$90,000 qualify. Increase the income level by \$15,000 for every household dependent. **Pre-K students age 3 and 4 qualify**.

This eligibility criterion was established as an "income ceiling." Awards will be based on greatest need.

A household is defined as either an individual residing alone or with the following:

- a) A spouse, parent, or their unemancipated minor child(ren).
- b) Other unemancipated children related by blood or through marriage.
- c) Other unemancipated adults or minor children living in the household and dependent upon the head of the said household.

To apply for a partial scholarship for the upcoming school year, please complete the attached Scholarship Application and include your **2012 Pennsylvania State Income Tax Return (PA-40)**. Return both to:

Holy Guardian Angels Regional School

Holy Guardian Angels Regional School 3125 Kutztown Road, Reading, PA 19605

Deadline for Application: Tuesday, April 16, 2013



Pre-K Scholarship Application 2013-14 School Year

Name of Student				
First Name	Middle Name	Last Name		
Parents or Guardians <u>Living Ir</u>	<u>n Household</u> with Applican	t		
Address of Student			1 -	
Street	C	ity	Stat	e Zip Code
Student Date of Birth	Age			
1				
Parish Name		City		
Name		City		
1				
Name of Pre-K your child will Name	attend City		Program (age, full	day/half day)
Name	City		1 rogram (age, tun	-day/ fiaff day)
Household Income of Parents	or Guardians (Attach copy o	of 2012 PA-40 State Ta	x Return for all hous	sehold members)
Amount				
Name and Relationship of all in	ndividuals living in Househ	old including Applica	nt	
(we) hereby agree that any scholarship away o verify that the designated student is enro	ard will be used exclusively for the polled in said Pre-K and that the Pre-	payment of tuition and fees a K tuition has been paid. I (we	t the Pre-K designated ab	oove, and that the Pre-K is authorize the Eastern Pennsylvania Scholarsh
Foundation any tuition amounts, paid for by onger enrolled in said Pre-K.				
onger em oned in said Fre 11.				
Signature(s) of Parents or Gu	andiana		Date	
orginature(s) of Farents of Gua	artians		Date	
As principal of this school, I certify that:	udent" for this grant according to the	guidalinas astablished by the	Eastern Denneylvania Sok	polarchin Foundation, and is a
member of a household income	e of not more than \$75,000 plus an ir		-	-
household. 2. I have obtained a signed Schola	arship Application, including a copy	of the parents' or guardian's	2012 PA-40 State Tax R	eturn, a copy of which is attached
	\$	\$		
Principal Certification	Tuition This Child	Grant Amount	Date	_
מ	Return this application wi	th 2012 PA-40		1
.	an Angels Regional Schoo		16, 2013.	



2013 PA-40 NON-FILER

HOUSEHOLD INCOME VERIFICATION FORM

Student Name (Applicant):	
School (Attending 2013):	

ONLY COMPLETE THIS FORM

	ocumentation Of All Household Incomes			
I/We are not required to file a 2012 PA-40 income tax return because:				
I/We are on Social Security				
Other Type of income i.e. (Unemploy	ment, disability, child support, S.S.I.)			
I/We did not file a 2012 PA-40 income t	ax return because:			
	es of: Check one SSI SSI Disability			
	es of: Check one SSI SSI Disability			
Other	es of: Check one SSI SSI Disability Date			
To verify income eligibility, attached are copic Dther Signature	Date			
Other				
ignature	Date			

As principal of this school, I certify that I ha	have reviewed all documents and application is comp		
Principal Certification	 Date		