



**UNITED WAY OF BUTLER COUNTY
APPLICATION FOR PRE-K EITC SCHOLARSHIP**

To qualify for this scholarship, the parents of the student must either reside or be employed by a company located in Butler County. An eligible student is a Pre-K age student (three to six years of age) who is a resident of Pennsylvania, enrolled in a Pre-K Program located in this Commonwealth, and a member of a household with an annual household income of not more than \$77,648, except that an additional income allowance of \$15,530 is permitted for the student and for each other dependent (as defined by the IRS) living within the same household.

1. Complete this application and return to the address below by **June 15, 2018**.

Must be postmarked no later than June 15 OR dropped off in office no later than 5 p.m.

NO APPLICATIONS POSTMARKED AFTER THIS DATE WILL BE CONSIDERED FOR THE 2018-2019 SCHOOL YEAR.

2. Attach the following to the completed application: One (1) copy of the Family 2017 Federal Income Tax Return (Form 1040), pages 1 and 2 only of the person that claims the children applying for a scholarship. If no taxes were filed, you must provide proof of whatever income you have (SSI, Child Support, Food Stamps, etc.).

3. Send the completed application to the United Way of Butler County, 407A West Jefferson Street, Butler, PA 16001.

Name of Parent(s) _____

Home Address _____

City _____ State _____ Zip _____

Phone Number(s) _____

Email Address (do not list if you don't check regularly) _____

County of residence (please check one): Butler *Other _____

*If you ***do not*** reside in Butler County, please provide the following:

Place of Employment: _____

Company address: _____

County of employment (please check one): Butler

Please provide information for each dependent child applying for a scholarship:

Name _____ Pre-K Age: _____

School enrolled at _____ Tuition Cost (annual) _____

Name _____ Pre-K Age: _____
School enrolled at _____ Tuition Cost (annual) _____

Name _____ Pre-K Age: _____
School enrolled at _____ Tuition Cost (annual) _____

Please provide any information concerning changes in your financial status since the above return was filed on a separate sheet of paper (any explanation of reduced income **MUST** be accompanied by supporting documentation to be considered).

To the best of my knowledge, all of the information above and attached is accurate and true.

Signature of Parent/Guardian _____ Date _____

All information is kept confidential.

NO APPLICATIONS POSTMARKED AFTER JUNE 15, 2018 WILL BE CONSIDERED FOR THE 2018-2019 SCHOOL YEAR.