



EDUCATIONAL SCHOLARSHIP INFORMATION

We realize that many parents, desiring a private, Christian Education for their child - after budgeting, prioritizing and sacrificing - still come up short when it comes time to pay tuition. There are scholarship opportunities available for families seeking assistance with student tuition, but each family must be diligent in filling out the forms and providing the tax information necessary to apply for these scholarships.

The main scholarship opportunity available to HIS Kids Christian School elementary students is through Educational Improvement Tax Credit (EITC) scholarships. EITC scholarships come through the generosity of local businesses who receive tax credit by making donations to approved scholarship foundations.

HIS Kids students can receive EITC scholarship through two different scholarship foundations:

Community Foundation of Armstrong County
Central Pennsylvania Scholarship Fund

The qualification guidelines to receive these EITC funds are as follows:

Annual gross income is less than \$76,350 plus \$15,270 per dependent child.
So qualifying levels would be:

With one dependent child = \$91,620
With two dependent children = \$106,890
With three dependent children = \$122,160

Only after applying for both the EITC opportunities may a family apply for assistance through the HIS Kids Christian School Scholarship Fund.

The three different scholarship forms are included in this packet. Please fill them out carefully and completely, attaching requested tax forms, and mailing to the respective addresses on each form before the requested deadline of JUNE 15, 2017.

If you have any questions, please contact either Katie Anderson 724-816-5086 or Carol Novy 724-287-2378.



Central Pennsylvania Scholarship Fund

2017-2018 K-12th Grade EITC Scholarship Application

Deadline: *Applications must be received by Katie Anderson*160 Hammond Road*Mars, PA*16046 no later than: June 15, 2017.*

Please print or type:

Student's Name: _____

Guardian's Name(s): _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ E-mail: _____

School Attended 2016-2017: _____

Grade: _____ Did the student attend public school last year? _____

School Attending 2017-2018: _____

Annual Household Income: _____ *(attach pages 1-2 of 2016 IRS Form 1040)*

Total Family Members in Household: _____

Please explain any special circumstances: _____

Print Name

Relationship to Student

Signature

Date

COMMUNITY FOUNDATION
APPLICATION FOR EITC SCHOLARSHIP

Application Deadline
June 15, 2017

To qualify for this scholarship, the parents of the student must either reside or be employed by a company located in Armstrong or Butler Counties. An eligible student is a school age student (Kindergarten through grade 12) who is a resident of Pennsylvania, enrolled in a school located in this Commonwealth, and a member of a household with an annual household income of not more than \$76,350, except that an additional income allowance of \$15,270 is permitted for the student and for each other dependent (as defined by the IRS) living within the same household.

****Please note that all Butler County residents applying for Pre-K Scholarships should apply at United Way of Butler County.*

Contact Kierston at KHobaugh@butlerunitedway.org

Butler County residents applying for K-12 Scholarships should complete this application.

Attention Armstrong County Pre-K Parents:

Due to lack of funding, there are no scholarships available for the 2017-2018 school year.

1. Complete this application and return to the address below by **June 15, 2017**. NO APPLICATIONS POSTMARKED AFTER THIS DATE WILL BE CONSIDERED FOR THE 2017-2018 SCHOOL YEAR.
2. Attach the following to the completed application:
One (1) copy of the Family **2016 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 Community Foundation, 220 S. Jefferson Street, Kittanning, Pennsylvania 16201.

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): Armstrong Butler *Other _____

If you do **not reside in Armstrong or Butler Counties, please provide the following:*

Place of Employment: _____

Company address: _____

County of employment (please check one): Armstrong Butler

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

Name _____

Please check one:

Pre-K Age: _____ K-12 Grade: _____

School enrolled at _____

Tuition Cost (annual) _____

Name _____

Please check one:

Pre-K Age: _____ K-12 Grade: _____

School enrolled at _____

Tuition Cost (annual) _____

Name _____

Please check one:

Pre-K Age: _____ K-12 Grade: _____

School enrolled at _____

Tuition Cost (annual) _____

Name _____

Please check one:

Pre-K Age: _____ K-12 Grade: _____

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.

HIS Kids Christian School

Application for Tuition Forgiveness for School Year 2017-2018

Deadline for applying: June 15, 2017

Name(s) of Student(s) Kindergarten – 6th grade:

1.				
	Last	First	Grade Level (K-6)	Tuition/Year
2.				
	Last	First	Grade Level (K-6)	Tuition/Year
3.				
	Last	First	Grade Level (K-6)	Tuition/Year

Family Information:	Father	Mother
Name:		
Occupation		
Employer		
2016 Yearly Gross Income		
2017 Yearly Estimated Gross Income		
Home Congregation		
Pastor's Name		

Other dependent children in the family:

Full Name	Date of birth	Grade level
1. _____		
2. _____		
3. _____		

_____ I have completed the application process for the EITC scholarship and am requesting additional scholarship assistance.

In considering application for this grant, plan your costs for all purposes at home. Then:

State the amount of tuition you feel you can pay during the year:

\$ _____ per mth/10 mth \$ _____ per year

*State the total amount of aid you are requesting:

\$ _____ per mth/10 mth \$ _____ per year

*Once the amount of EITC scholarship is determined, that amount will be subtracted from the total amount of aid requested.

Please complete or correct your mailing address and phone number:

Name _____ Home Phone _____

Address _____ Work Phone _____

Please give any additional information which you feel will assist us in our consideration of your need for tuition forgiveness – please use the back of this form or attach a separate piece of paper.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Please Mail Application to: Katie Anderson, 160 Hammond Road, Mars, PA 16046
Phone: 724-625-8961 email: katieannanderson@hotmail.com