



# Scholarship Application

GREATER ERIE COMMUNITY ACTION COMMITTEE (GECAC)

18 West Ninth Street  
Erie, PA 16501

This application will be used to award scholarships funded by contributions to the Pennsylvania Department of Community and Economic Development Educational Improvement Tax Credit or Opportunity Scholarship Tax Credit Program.

- Only *one* scholarship will be awarded per family.
- *A copy of your 2016 Pennsylvania Income Tax Return, your 2016 Federal Income Tax Return and a copy of W-2's must accompany* this application. If there have been exceptional changes in your income since the filing year, please provide documentation, i.e. Verification of unemployment compensation, worker's compensation, disability earnings, reduced earnings, etc. If you did not file federal income taxes, documentation of other types of financial support must accompany this application, i.e. public assistance.
- Priority will be given in the following order: applicants who received a scholarship during previous year; household income level based on federal poverty levels; date of application. If a tie exists, a lottery will occur.
- *Applications must be received no later than April 20<sup>th</sup>. Incomplete applications will be discarded.*

## Student Information

Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Student's grade \_\_\_\_\_

Name of school student would attend if they attended public school \_\_\_\_\_

Name of school for which you are requesting Tuition Assistance \_\_\_\_\_

School's Street Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

## Other Dependent(s) Information – List other dependent(s) living in house (attach more sheets if needed)

	Last Name	First Name	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**Parent or Guardian Information**

Select One: \_\_\_\_\_ Father \_\_\_\_\_ Stepfather \_\_\_\_\_ Guardian

Name  
Last First Middle

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Source(s) of income \_\_\_\_\_

If employed, name of employer(s) \_\_\_\_\_

Select One: \_\_\_\_\_ Mother \_\_\_\_\_ Stepmother \_\_\_\_\_ Guardian

Name  
Last First Middle

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Source(s) of income \_\_\_\_\_

If employed, name of employer(s) \_\_\_\_\_

**Other Information**

Total Pennsylvania Taxable Income (PA-40 line 9) \$ \_\_\_\_\_

Total Number in Household Total # of Dependents in Household

**Authorization**

*By signing this application, I certify that all information is true and accurate. My signature on this application authorizes GECAC to verify information in order to determine eligibility for this program. Completion of this application does not imply that scholarship funding will be provided.*

*I understand that tuition payment will be made directly to the named school. Should the student withdraw/leave the named school, the school's refund policy shall apply and any unused funds will be returned to GECAC.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**School Data**

**School Data must be completed by authorized school personnel for the school child will be attending as listed on page one.**

Cost of tuition per child listed on page 1	\$ _____
Other tuition assistance, credit or scholarships to be applied	\$ _____
Total tuition due by household for the 2017-2018 school year	\$ _____

*I understand that tuition payment will be made directly to the named school. Should the student withdraw/leave the named school, the school's refund policy shall apply and any unused funds will be returned to GECAC. I verify that the student information reported on page 1 is correct in accordance with school records and that tuition information reported on this page is correct.*

\_\_\_\_\_  
Authorized signature on behalf of the School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title

## Greater Erie Community Action Committee

### Scholarship Program

#### Eligibility Requirements

1. Family must be a resident of Erie County, PA
2. Student must be attending a public or private elementary or secondary school in Erie County, PA for which paying tuition is a requirement of attendance.
3. The age of the student ranges from earliest admission age for a school's kindergarten program through the age attained upon graduation from secondary school or 21 years of age, whichever occurs first.
4. Income Guidelines: Annual household income of \$76,350 with an additional \$15,270 allowed for the student and each additional dependent (as defined by the IRS) living in the household.
5. A household includes an individual living alone or an individual living with the following:
  - A spouse, parent and their unemancipated minor children
  - Other unemancipated minor children who are related by blood or marriage; or
  - Other adults or unemancipated minor children living in the household who are dependent upon the individual.
6. Household income includes all moneys and property received of whatever nature and from whatever source, but excludes: periodic payments for sickness and disability, worker's compensation, public assistance, unemployment compensation, retirement benefits, compensation by United States servicemen serving in a combat zone.
7. The amount of a scholarship paid on behalf of a student may not exceed the actual amount of tuition charges by the school nor exceed the actual amount of tuition charged by the school to non-scholarship students.
8. Only one scholarship will be awarded per family.
9. **A copy of your 2016 Pennsylvania Income Tax Return, your 2016 Federal Income Tax Return and a copy of W-2's must accompany this application.** If there have been exceptional changes in your income since the filing year, please provide documentation, i.e. Verification of unemployment compensation, worker's compensation, disability earnings, reduced earnings, etc. If you did not file federal income taxes, documentation of other types of financial support must accompany this application, i.e. public assistance.
10. Priority will be given in the following order: applicants who received a scholarship during previous year; household income level based on federal poverty levels; date of application. If a tie exists, a lottery will occur.
11. Applications must be received no later than April 20<sup>th</sup>. Incomplete applications will be discarded.

**This Scholarship Program is funded by contributions to the  
Pennsylvania Department of Community and Economic Development  
Educational Improvement Tax Credit Program and/or the Opportunity Scholarship Tax Credit Program.**