



## **The *Family Choice Scholarship Program* Student Aid Form 2016-2017**

### **MAILING COMPLETED APPLICATIONS**

Before mailing, be sure to make photocopies of the application and all attachments for your records.

Mail completed applications in enclosed envelope with the \$31 application fee (check or money order made payable to the PSAS) to:

**Private School Aid Service  
PO Box 89434  
Cleveland, OH 44101-6434**

### **To confirm that PSAS received your application...**

If you would like to receive notification that the Private School Aid Service (PSAS) has received your application, you must enclose a self-addressed stamped postcard or envelope with your application.

### **To check the processing status of your application...**

After waiting a few weeks to allow for processing, you may check the status of your application at the Private School Aid Service (PSAS) Website, [www.psas.org](http://www.psas.org). You will need the social security number of the parent/guardian provided in the application.

### **PSAS does not make award determinations...**

**You will be notified by the Family Choice Scholarship Program in the fall of 2016 (typically in September) whether or not you receive a scholarship.** Please be patient with us as the timing, amounts, and number of scholarship recipients varies from year to year. Our scholarships are completely funded by donations, and there is no guarantee that we will have the same funding available each year.



January 2016

Dear Friends:

Enclosed is the 2016-2017 *Family Choice Scholarship Program* (FCSP) Educational Improvement Tax Credit (EITC) / Opportunity Scholarship Tax Credit (OSTC) Student Aid Form. Also enclosed is the 2016 Fact Sheet. It answers the most commonly asked questions. Please review it before beginning the application, even if you have reviewed past versions. It now contains new information, which applies to all applicants. Please note the following general guidelines and policies:

#### CRITERIA

In order to apply for scholarship consideration,

- Families must be residents of the State of Pennsylvania.
- Families with one dependent child must make no more than \$91,620 a year with an increase of \$15,270 allowed for each additional dependent child (income guidelines are subject to change).
- Students in Pre-K must be enrolled in an EITC Eligible Pennsylvania private Pre-Kindergarten Program. See enclosed *Educational Improvement Tax Credit Pre-Kindergarten Program Verification Form*. Submit this form with the application in order to receive Pre-K Scholarship Consideration.
- Students in grades K-12 must be enrolled in a Pennsylvania private school.
- Students in grades K-12 will NOT receive both EITC and OSTC scholarships. If selected for a scholarship, students will receive either one or the other. To be considered for an OSTC scholarship, students must meet the requirements found here – [www.newpa.com/ostc](http://www.newpa.com/ostc)

#### APPLYING

Only one application is required per family. **Add all dependent children to your application when you apply.** Attach an additional sheet if more space is required to list all dependent children.

- Applications must be postmarked by **Friday, May 20, 2016**. Incomplete applications will not be processed.
- The **application fee is \$31** and solely covers the cost of processing the application. It is non-refundable. Make checks and money orders payable to the **Private School Aid Service (PSAS)**. Include with the application.

#### AWARDS

- Scholarships are made according to state law and under the direction and the policies of the Pennsylvania Family Institute. Awards are given primarily on a need basis, as determined by PSAS based of 2015 financial records.
- Scholarships are not guaranteed from year to year and families must reapply each year. Changes in family financial circumstances, the amount of funds available, and the number of applicants will impact award decisions.
- By the end of September all families who have completed the application process will be notified by mail whether or not they will receive an award. **Award decisions are not reported over the phone.**
- **Award notification most likely will be received after the first tuition payments are due for school. Keep this in mind as you plan.**

Thank you for your interest in the *Family Choice Scholarship Program*.

Sincerely,

Allison Remsnyder  
Family Choice Scholarship Coordinator  
Pennsylvania Family Institute



## 2016 Fact Sheet

### What is the *Family Choice Scholarship Program (FCSP)*?

We are a non-profit scholarship organization that receives scholarship donations in order to help Pennsylvania parents send their children to the school of their choice. We operate under the State of Pennsylvania's Educational Improvement Tax Credit (EITC) Law. We also participate in the new Opportunity Scholarship Tax Credit (OSTC) program.

### Where do the scholarship donations come from?

Approved Pennsylvania businesses donate funds to our program and in turn receive tax credits from the State of Pennsylvania. Businesses may donate to our general scholarship fund or they may designate donations as long as such designations do not violate the goals or mission of the Pennsylvania Family Institute or the Family Choice Scholarship program, and do meet the guidelines of Act 2001-4 and the Internal Revenue Code. For example, businesses may designate contributions for awards for students attending specific schools or living in specific regions.

**You can be instrumental in encouraging local businesses to give to students at your school or in your region, increasing the opportunity for your child(ren) and others in your community to receive awards!** Many do not know about this opportunity. Consider spreading the word! Interested businesses may call us at 717.545.0600 to request additional information or visit our website at [myfamilychoice.org](http://myfamilychoice.org).

### Who can apply for FCSP scholarship awards?

In order to apply...

- Families must be residents of the State of Pennsylvania.
- Families with one dependent child must make no more than \$91,620 a year with an increase of \$15,270 allowed for each additional dependent child (income guidelines are subject to change).
- Students in Pre-K must be enrolled in an **EITC Eligible** Pennsylvania private Pre-Kindergarten Program.
- Students in grades K-12 must be enrolled in a Pennsylvania private school.

### How are awards determined?

Decisions are primarily based on need (as determined independently by the Private School Aid Service, based on 2015 financial records), family situation, and how much money is available to give. Other considerations are taken into account as well.

### What are my chances of receiving an award?

The number and amount of scholarship awards that we distribute are entirely dependent on the contributions our Program receives from generous Pennsylvania Businesses and fluctuate accordingly. While it is our desire to assist all families who meet the criteria above, every year many more families apply than we are able to assist.

### What is the average scholarship amount? If I received an award last year, will I receive it again this year?

Awards are partial scholarships. In past years awards have ranged from \$145-\$1000 per student for the school year. **Scholarships are not guaranteed from year to year and families must re-apply each year.** In the spring, applications will automatically be sent to families who received awards for the prior school year.



## 2016 Fact Sheet (continued)

### How can I prepare to fill out the application?

In advance, prepare and collect the household's 2015 Federal and State Tax Returns with all Schedules and W-2 forms, as well as other financial documents. All sources of income, including non-taxable income such as Child Support, Welfare/Cash Assistance, Food Stamps, Social Security Income, Student Loans and/or Grants for Parent or Guardian's Education, Housing Assistance, Worker's Comp, Disability, and Pension/Retirement, must be thoroughly and officially documented. If you need to request these items from other sources, please do so now. **Applications submitted without complete official documentation will not be processed and will not receive scholarship award consideration.**

### How will I know if I have received an award?

Decision letters will be mailed to the address provided in your application. If your address changes after you have applied, notify the Private School Aid Service as outlined below. **Award Decisions are not reported over the phone.**

### If after sending in my application I move or I change my child(ren)'s Pennsylvania private school, who do I notify?

If your address changes or the school at which your child(ren) is/are enrolled changes, you must notify the Private School Aid Service. Call (440) 892-4272.

**Be sure to include:** your full name (first, middle, last) as provided in the application, the name(s) of your child(ren), your social security number, and the changes you are reporting. If you are changing schools, you must report the child's name whose school is being changed, their grade, the old school's name, address, and phone number, and then the new school's name, address, and phone number.

### When will I find out if I have received an award? Will the families who do not receive awards be notified as well?

By the end of September all families who have completed the application process will be notified by mail whether or not they will receive an award. **Notification most likely will be received after the first tuition payments are due for school.** Keep this in mind as you plan. We make every effort to announce award decisions as quickly as possible.

### What happens after I tentatively receive an award? Where are award checks sent?

All award recipients will be required to submit an additional information form to verify student eligibility. After these forms are received and processed, schools are contacted and asked to verify student enrollment, tuition, and fees. If the student is determined to be ineligible at that time for the scholarship or for the scholarship amount, the award will be withdrawn or reduced. This confirmation process takes upwards of 8-10 weeks if award recipients and schools complete and return forms by the specified deadlines. **After student eligibility is confirmed, award checks will be sent directly to the school.**



# Student Aid Form

2016  
2017

PARENT NAME

OFFICE USE ONLY  
Barcode



## Family Choice Scholarship Program EITC/OSTC



A project of:



To be eligible to apply:

- Student(s) must reside in the State of Pennsylvania.
- Family must meet EITC Income Guidelines (see attached).
- For all families, this application must be accompanied by a completed EITC Scholarship Guidelines Worksheet.
- For families applying for a Pre-Kindergarten student, this application must also be accompanied by a completed EITC Pre-Kindergarten Program Verification Form.

**This form must be submitted no later than MAY 20, 2016.**

### TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:

**Please note: This application requires documentation for income received in 2015.**

1. Detailed copies of all pages and Schedules of your **2015** Federal Income Tax Return Form 1040 1040A, or 1040EZ (**as filed with the IRS**) for individuals listed in Sections A and B. Recaps and/or Summary Forms are not acceptable. If you file Schedule(s) A, C, E, F or a statement of dependence, you must provide copies. **If you earned income outside the US, provide all income documentation.** If you have not yet filed, or are not required to file a tax return, see the REQUIRED DOCUMENTATION section of the INSTRUCTIONS.
2. Copies of all **2015** W-2 Wage and Tax Statement Forms, all **2015** 1099/1099R for Interest/Dividends, Pensions Annuities and/or Misc. Income Forms for individuals listed in Sections A and B (**Please make sure all documentation is copied on regular 8 1/2 x 11 paper - documentation CANNOT be returned.**)
3. Documentation of TOTAL AMOUNTS received in **2015** for all Non-Taxable Income (see Section G for specific requirements).
4. Proof of Residency: A copy of your most recent PA-40 Pennsylvania State Tax Return, or a copy of a recent Utility Bill (gas, water, or electric) showing your current address.
5. EITC Supplemental Form completed and enclosed.
6. Check or Money Order payable to PRIVATE SCHOOL AID SERVICE for the non-refundable application fee of \$31.00. Payment by check or electronic funds transfer (ACH) is your express authorization that if the payment is returned unpaid for any reason you consent to have your bank account electronically debited twice by PSAS or its third party payment processor or collections agency. One debit will recover the item amount and the second debit will be the charge for applicable returned check and collection fees as allowed by law.
7. This application form filled out in its entirety, signed and dated by the individuals listed in Sections A and B.

**IMPORTANT: If the above items do not accompany this application, your application will not be considered complete.**

**PSAS does not make final financial aid decisions. You will not receive results from PSAS. For more comprehensive instructions, please visit [www.psas.org/instructions](http://www.psas.org/instructions).**

**Keep a copy of this completed application and all documentation for your records.**

STUDENT NAME

# STUDENT AID FORM // 2016-2017

## A Parent, Guardian, or Other Adult Responsible for Tuition

Check One:  Father  Mother  Step-Father  Step-Mother  Other Adult

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

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

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ COUNTY OF RESIDENCE \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) Primary Phone (Area Code) Secondary Phone

### E-mail Address (REQUIRED)

Employed by \_\_\_\_\_ How Long? (years) \_\_\_\_\_ Public School District \_\_\_\_\_

Preferred Contact:  Primary Phone  Secondary Phone  E-mail

**Go Green:** Check this box if you wish to receive all correspondence electronically  If you are self-employed, please check and refer to Section K of this form.

## B Parent, Guardian, or Other Adult Residing with Parent A

Check One:  Father  Mother  Step-Father  Step-Mother  Other Adult

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

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

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ COUNTY OF RESIDENCE \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) Primary Phone (Area Code) Secondary Phone

### E-mail Address (REQUIRED)

Employed by \_\_\_\_\_ How Long? (years) \_\_\_\_\_ Public School District \_\_\_\_\_

Preferred Contact:  Primary Phone  Secondary Phone  E-mail

**Go Green:** Check this box if you wish to receive all correspondence electronically  If you are self-employed, please check and refer to Section K of this form.

## C Dependents List all dependent children in order of oldest to youngest, including college students, even if you are not applying for aid for that student. Indicate each dependent's relation to Parent/Guardian A: child, foster child, grandchild, etc. DO NOT LEAVE BLANK.

<b>DO NOT LEAVE BLANK</b>	<b>Number of dependent children who will attend a tuition charging school in the fall of 2016?</b>					
	# in Daycare: _____	# in Pre-K: _____	# in Elementary School: _____	# in Secondary School: _____	# in College: _____	<b>Total:</b> _____

1	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:			Grade in Fall of 2016:	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)?	Tuition charged yearly per student:	Name of Public School (DO NOT ABBREVIATE):			Office Use Only (Special Needs)	Office Use Only (School Code)
\$	\$					

2	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:			Grade in Fall of 2016:	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)?	Tuition charged yearly per student:	Name of Public School (DO NOT ABBREVIATE):			Office Use Only (Special Needs)	Office Use Only (School Code)
\$	\$					

Please check if additional dependents are listed in the Additional Dependents section.

## D Household Information

1. Number of individuals who will reside in my/our household during the 2016-2017 school year:

Parents/Guardians \_\_\_\_\_ Children \_\_\_\_\_ Other\* \_\_\_\_\_

\*If Other, please explain \_\_\_\_\_

2. Current marital status /housing arrangement of Parent/Guardian A:

- a. Single, never Married\*  d. Divorced\*  g. Residing with Other  
 b. Married  e. Remarried\*  h. Other: \_\_\_\_\_  
 c. Widowed  f. Separated\*  Explain in Section L

\*If Single, Divorced, Remarried, or Separated, you are required to complete Section E.

## E Single, Divorced, Remarried, or Separated Parents (To be completed by the Parent/Guardian listed in Section A)

1. Date of separation (Month/Year) \_\_\_\_\_

2. Date of divorce (Month/Year) \_\_\_\_\_

3. Non-custodial parent (Last, First, M.I.) \_\_\_\_\_

4. Who claimed student as a tax dependent in 2015? \_\_\_\_\_

5. Who is responsible for the tuition for the dependent(s) listed in Section C?				<b>Child Support (per year)</b>		
Father	Name: _____	Names of students father is responsible for: _____	Percent of tuition paid (per student): _____%	<input type="checkbox"/> Received \$ _____	<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Neither
Mother	Name: _____	Names of students mother is responsible for: _____	Percent of tuition paid (per student): _____%	<input type="checkbox"/> Received \$ _____	<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Neither
Other	Name: _____	Names of students other is responsible for: _____	Percent of tuition paid (per student): _____%	<input type="checkbox"/> Received \$ _____	<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Neither

\*If the person(s) above is/are responsible for additional students, please list in Section L.

## F Taxable Income (Answers in US\$ ONLY)

The **2015** federal tax return for student's household was:

- Filed  
 Not filed yet (See **Required Documentation** section)  
 I/We do not file. I/We only receive non-taxable income - Go to Section G

	Actual 2015	Estimate 2016
1. Total number of exemptions claimed on Federal Income Tax form.	<input type="text"/>	<input type="text"/>
2. Parent/Guardian A total taxable income from W-2 wages (Box 1). <i>Total income for Parent A only</i>	\$ <input type="text"/>	\$ <input type="text"/>
3. Parent/Guardian B total taxable income from W-2 wages (Box 1). <i>Total income for Parent B only</i>	\$ <input type="text"/>	\$ <input type="text"/>
4. Net business income* from self-employment, farm, rentals, and other businesses. (*Go to Section K) (Attach Schedules C, E, and/or F from your IRS 1040) See 2015 1040 lines 12, 17, and 18	\$ <input type="text"/>	\$ <input type="text"/>
5. Other non-work taxable income from interest, dividends, alimony, unemployment, and non-business income. See 2015 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21; See 2015 1040A lines 8a-14b	\$ <input type="text"/>	\$ <input type="text"/>
6. Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A, or 1040EZ. See 2015 1040 line 36 or 1040A line 20	\$ <input type="text"/>	\$ <input type="text"/>
7. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A, or 1040EZ. See 2015 1040 line 37 or 1040A line 21	\$ <input type="text"/>	\$ <input type="text"/>
8. Total Tax Paid as reported on your IRS 1040, 1040A, or 1040EZ. See 2015 1040 line 63 or 1040A line 39	\$ <input type="text"/>	\$ <input type="text"/>
9a. Medical/Dental expenses as reported on Schedule A, line 1 of your IRS 1040 form.	\$ <input type="text"/>	\$ <input type="text"/>
9b. Charitable Contributions as reported on Schedule A, line 19 of your IRS 1040 form.	\$ <input type="text"/>	\$ <input type="text"/>

## H Housing Information (DO NOT LEAVE BLANK)

20. Do you rent or own your residence?  Rent  Own (go to line 22)
21. If renting, what is the monthly rental payment? \$
- a. Amount paid by household \$  per month
- b. Amount paid by other source(s) \$  per month
- c. Are you current on your monthly payment?  Yes  No
- If No, what was the total amount paid in **2015**? \$
22. If you own a residence:
- a. What is the current market value? \$
- b. What is the amount still owed, including home equity loans? \$
- c. What is the monthly mortgage payment? \$  per month
- d. Are you current on your monthly payment?  Yes  No
- If No, what was the total amount paid in **2015**? \$

## J Unusual Circumstances (Check all that apply to your situation within the past 12 months)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> a. Loss of job                    | <input type="checkbox"/> e. Bankruptcy        | <input type="checkbox"/> i. Death in the family     | <input type="checkbox"/> m. Medical/Dental expenses      |
| <input type="checkbox"/> b. Recent separation/divorce      | <input type="checkbox"/> f. College expenses  | <input type="checkbox"/> j. Shared custody          | <input type="checkbox"/> n. Shared tuition               |
| <input type="checkbox"/> c. Change in family living status | <input type="checkbox"/> g. Income reduction  | <input type="checkbox"/> k. High debt               | <input type="checkbox"/> o. Other (explain in Section L) |
| <input type="checkbox"/> d. Change in work status          | <input type="checkbox"/> h. Illness or injury | <input type="checkbox"/> l. Child support reduction |  |

Office Use Only

EITC  H  \$

## G Non-Taxable Income (Answers in US\$ ONLY)

List the **total amount** received from **1/1/15-12/31/15** for all recipients in the household. **DO NOT** list monthly amounts.

10. Child Support \$  per year
11. Cash Assistance (TANF) \$  per year\*
12. Food Stamps (SNAP) \$  per year\*
- a. Medicaid received in 2015?  Yes  No
13. Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.) \$  per year\*
- a. Social Security income (SSI Only) Total received in 2015 \$ \*
- (Provide documentation for all recipients in household.)
14. Student loans and/or grants received for PARENT's education (Not college attending dependents or students listed in Section C.)
- a. Total received in 2015 \$ \*
- b. Total used for living expenses \$  per year\*
15. Housing Assistance (Sec. 8, HUD, etc.) \$  per year\*
- a. Religious Housing Assistance (parsonage, manse, etc.) Total received in 2015 \$ \*
16. Other non-taxable income (Working for cash, Adoption and/or Foster Subsidy, Worker's Comp., Disability, Pension/Retirement, etc. Identify source(s) in Section L) \$  per year\*
- a. Any and all Military/VA Benefits and/or Compensation Total received in 2015 (Identify source(s) in Section L) \$  per year\*
17. Loans/Gifts from friends or relatives \$  per year
18. Personal Savings/Investment Accounts used for household expenses (Do not include totals listed in Section I) \$  per year
19. Total non-taxable income for **2015** \$  per year

\*You must provide 2015 YEAR-END documentation for items 11-16a; either a YEAR-END Statement from the appropriate Public Agency, or documentation showing totals from 1/1/15-12/31/15.

## I Assets & Investments (Current Values)

23. Total amount in cash, checking, and savings accounts \$
24. Total value of money market funds, mutual funds, stocks, bonds, CDs, or other securities \$
25. Total value of IRA, Keogh, 401K, SEP, or other retirement accounts \$
- a. What was your total contribution to your retirement account(s) in **2015** (IRA, Keogh, 401K, SEP, etc.)? \$
26. If you own real estate other than your primary residence:
- a. What is the fair market value? \$
- b. What is the amount still owed? \$
27. Do you own a business?  Yes  No  
If Yes, please go to **Section K**.
- a. What is the fair market value of your business? \$
- b. What is the amount still owed? \$
28. Do you own a farm?  Yes  No  
If Yes, please go to **Section K**.
- a. What is the fair market value of your farm? \$
- b. What is the amount still owed? \$



Parent/Guardian A: \_\_\_\_\_  
Print Name

SS#: \_\_\_\_\_

**K Business Owners or Self-Employed Individuals (2015 Estimates)**

If you have not filed your 2015 Tax Return, and are Self-Employed, own a business, rental property, and/or a farm please provide an estimate of your income - **DO NOT LEAVE BLANK**

	Schedule C	Schedule E	Schedule F
1. What is your total estimated <b>GROSS</b> business income?	\$ _____	\$ _____	\$ _____
2. What is your total <b>NET</b> business taxable income/loss? ( <b>DO NOT LEAVE BLANK</b> )	\$ _____	\$ _____	\$ _____
3. If your business pays your home rent or mortgage, what is the annual total?		\$ _____	
4. If your business pays for your personal automobile, what is the annual total?		\$ _____	
5. If your business pays any portion of other personal expenses, list total amount and explain in Section L.		\$ _____	
6. If you own rental property: What was the total amount of Rental Income received?		\$ _____	

**L Explanations (Use this space to explain any answers which may need clarification.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**M Certification, Authorization, and Documentation Requirements**

**WHAT IS REQUIRED TO PROCESS THIS APPLICATION**

(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE.)

1. This application form filled out in its entirety, **SIGNED AND DATED BELOW** by the Parent(s)/Guardian(s) listed in Sections A and B.
2. A check or money order made payable to PRIVATE SCHOOL AID SERVICE in the amount of \$31.00. *This is a non-refundable application fee.*
- 3.

**If you have filed a 2015 IRS Form 1040:**

A complete photocopy of your 2015 Form 1040, 1040A, or 1040EZ (as filed with the IRS, including all Schedules). 2015 W-2 Forms, 2015 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s).

**If you have not yet filed a 2015 IRS Form 1040:**

A complete photocopy of your most recent Form 1040, 1040A, or 1040EZ (as filed with the IRS, with all Schedules). 2015 W-2 Forms, 2015 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). **If this application is submitted after April 15, 2016, you must provide a copy of the 2015 Extension for Filing Request, as approved by the IRS and a copy of your last filed tax return.**

**If you do not file an IRS Form 1040 AND receive only non-taxable income:**

Photocopies of your 2015 YEAR-END Social Services statement (TANF, etc.). Food Stamp documentation, Housing Assistance documentation, Student Loans and/or grant documentation for parent's education, Social Security income statements showing **TOTAL AMOUNTS** received in 2015 for ALL members of the household.

4. I/we have enclosed the EITC Supplemental Form and a copy of my/our PA-40 Pennsylvania State Tax Return or a copy of a recent Utility Bill (gas, water or electric) showing my/our Current Address.

An electronic recap of this written application is available for an additional \$5 fee. You must have an email address listed in Section A in order to receive the electronic recap. Please check this box and include an additional \$5 with your processing fee if you would like to receive an electronic recap of what you have entered on this application (recap does **NOT** include final results).

**Checkout**

<input type="checkbox"/> Non-Refundable Application Processing Fee .....	\$31.00
<input type="checkbox"/> Electronic Recap Fee (optional) .....	\$5.00
*Please make checks payable to PSAS	
<b>Total</b>	<input type="text"/>

**SIGN HERE**

I/We declare that the information on this form is true, correct, and complete to the best of my/our knowledge. I/We authorize PRIVATE SCHOOL AID SERVICE to return this form and all attachments only to the schools and programs named in Section C under contract with PSAS. I/We understand that Family Choice Scholarship Program and Parent A and Parent B can change the schools and programs named in Section C based on changes in the desired or enrolled school for the children listed in Section C, and I/We authorize PRIVATE SCHOOL AID SERVICE to return this form and all attachments to those schools and programs provided by Parent A or Parent B, or by Family Choice Scholarship Program on my behalf.

Parent/Guardian A \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian B \_\_\_\_\_ Date \_\_\_\_\_

This Student Aid Form (SAF), all attachments and an analysis of your SAF are sent only to the school(s) or agencies contracting with PSAS subject to your authorization above.

**You will not receive results from PSAS.** No other agency will see or receive any information about this application or its attachments.

**Mail completed application and photocopies of all documentation to:**  
**PRIVATE SCHOOL AID SERVICE, P.O. BOX 89434, CLEVELAND, OH 44101-6434**  
Questions? Call: (440) 892-4272 ■ Copyright © 2016 Private School Aid Service

Keep a copy of this completed application and all documentation for your records. For more comprehensive instructions visit [www.psas.org/instructions](http://www.psas.org/instructions).



# Additional Dependents

<b>3</b>	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of <b>2016 (DO NOT ABBREVIATE):</b>		School City/State:			Grade in Fall of <b>2016:</b>	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School (DO NOT ABBREVIATE):			Office Use Only (Special Needs)	Office Use Only (School Code)

<b>4</b>	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of <b>2016 (DO NOT ABBREVIATE):</b>		School City/State:			Grade in Fall of <b>2016:</b>	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School (DO NOT ABBREVIATE):			Office Use Only (Special Needs)	Office Use Only (School Code)

<b>5</b>	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of <b>2016 (DO NOT ABBREVIATE):</b>		School City/State:			Grade in Fall of <b>2016:</b>	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School (DO NOT ABBREVIATE):			Office Use Only (Special Needs)	Office Use Only (School Code)

<b>6</b>	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of <b>2016 (DO NOT ABBREVIATE):</b>		School City/State:			Grade in Fall of <b>2016:</b>	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School (DO NOT ABBREVIATE):			Office Use Only (Special Needs)	Office Use Only (School Code)

<b>7</b>	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of <b>2016 (DO NOT ABBREVIATE):</b>		School City/State:			Grade in Fall of <b>2016:</b>	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School (DO NOT ABBREVIATE):			Office Use Only (Special Needs)	Office Use Only (School Code)

<b>8</b>	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of <b>2016 (DO NOT ABBREVIATE):</b>		School City/State:			Grade in Fall of <b>2016:</b>	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School (DO NOT ABBREVIATE):			Office Use Only (Special Needs)	Office Use Only (School Code)

Please check if additional dependents are listed on a separate sheet

## Educational Improvement Tax Credit Pre-Kindergarten Program Verification Form

(Please Print Clearly)

**For Parents/Guardians: This section to be completed by the parents/guardians.**

In order for your application to receive consideration for Pre-Kindergarten scholarship awards, you must complete the upper portion of this form and an eligible Pennsylvania Pre-Kindergarten Program of your choice must complete the lower portion.

The Pennsylvania Pre-Kindergarten Program, in order to be considered eligible, must meet certain guidelines established under Educational Improvement Tax Credit Law. The Pennsylvania Pre-Kindergarten Program must:

1. Be affiliated with an established elementary school and its curriculum must be aligned with the elementary school's curriculum;
2. Provide a program of instruction for three or four year-old students "which provides a minimum of 2 hours of instructional and developmental activities per day for at least 60 days." (Article XX-B Educational Improvement Tax Credit).

After completing the Parent/Guardian section below, please have the eligible Pre-Kindergarten Program complete the remainder of the form and return it to you. Then, submit the completed form to PSAS with your Family Choice Scholarship Student Aid Form.

**Parent/Guardian from Application Section A:**

Last Name	First Name	M.I.

**Pre-Kindergarten Dependent(s) from Application Section C:**

Dependent Last Name	First Name	M.I.

\*If you have additional Pre-K dependents, please list on an additional sheet.

Dependent Last Name	First Name	M.I.*

By signing below, I, the Parent/Guardian, confirm that I understand that my application will only receive consideration for Pre-Kindergarten Scholarship Awards if this form is submitted complete and if the Pre-Kindergarten Program meets the eligibility requirements established under Educational Improvement Tax Credit Law.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**For the Pennsylvania Pre-Kindergarten Program: This section to be completed by the Pre-Kindergarten Program.**

The parent/guardian above is applying to the Family Choice Scholarship Program to receive consideration for a Pre-Kindergarten Scholarship Award. In order to be considered eligible, the Pennsylvania Pre-Kindergarten Program in which they plan to enroll their child(ren) must meet certain guidelines established under Educational Improvement Tax Credit Law. If your Pre-Kindergarten program meets the guidelines below, please complete the remainder of the form, sign, and return it to the parent/guardian. Attach additional sheet if necessary.

Pre-Kindergarten Program	Affiliated Elementary School
Pre-K Program Name:	Elementary School Name:
Pre-K Program Director:	Elementary School Principal:
Pre-K Program Address:	Elementary School Address:
State/Zip Code:	State/Zip Code:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
E-mail Address:	E-mail Address:
Web Address:	Web Address:

**Pre-Kindergarten Program Guidelines**

Our Pre-Kindergarten Program:

1. Is affiliated with the established elementary school above and its curriculum is aligned with the curriculum of that school;
2. Is located in the State of Pennsylvania and provides a program of instruction for three or four year-old students "which provides a minimum of 2 hours of instructional and developmental activities per day for at least 60 days per school year." (Article XX-B Educational Improvement Tax Credit);

By signing below, I, the Pre-Kindergarten Program Director, verify that our Pre-Kindergarten Program meets the above guidelines set forth in the Educational Improvement Tax Credit Law.

Program Director Name (First Name, Middle Name, Last Name): \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

This application will not be considered complete without the following information (to be provided by the Pre-K program):

The total tuition for the **2016-2017** school year for the above listed student will be \$ \_\_\_\_\_.

## INTRODUCTION

**PRIVATE SCHOOL AID SERVICE (PSAS)** is under contract with the school, school system, or organization from which you obtained this application for tuition assistance. Our purpose is to provide a reasonable assessment of the ability of each family to pay for the education of their children at private and independent elementary and secondary schools. Your Student Aid Form, all attachments, and an analysis of your SAF are sent only to the school(s) or agencies contracting with PSAS. **No other agency will receive any information about this application or its attachments.**

**PRIVATE SCHOOL AID SERVICE** does not make any decisions about recipients and amounts of financial aid awarded. Recipients and amounts of aid are determined by the designated school or agency. **YOU WILL NOT RECEIVE RESULTS FROM PRIVATE SCHOOL AID SERVICE.**

## INSTRUCTIONS

### A & B Parent, Guardian or Other Adult

This form should be filled out by the parent, guardian or other adult responsible for the tuition of the child or children attending a private or independent school contracting with PSAS. If the parents/guardians are divorced or separated, only the parent responsible for the tuition and any other adult residing in the household should fill out the form. If tuition is shared, each responsible party must complete a Student Aid Form (SAF) if financial aid is needed.

Answer *all questions* for both parent(s), stepparent(s), or guardian(s) responsible for tuition for the dependent(s) listed in Section C. **Do not leave any questions blank.** If natural parents are divorced, separated or single, answer all questions in Section E. If natural parents are divorced/separated and remarried, list information for custodial parent and new spouse. If either parent answers "self-employed," and has not filed a tax return, complete Section K. If you provide your email address to PSAS, it will be used for application related communication only. Your email address will also be provided to the organizations you list in Section C as part of your application. Your email address will not be shared with any other third party.

**CALCULATIONS ARE BASED ON TOTAL HOUSEHOLD INCOME.**

### C Student Information

List all dependent children residing in your household in order of oldest to youngest. Indicate date of birth and the relation to Parent/Guardian A listed in Section A of the application (i.e. child, grandchild, foster child, stepchild, etc.). If your dependents will be enrolled in any tuition charging school or agency next fall (including daycare, preschool, elementary school, high school, college, or trade school), list the name of the school, city and state where the school is located. List the grade your child(ren) will enter next fall (**2016-2017**); the amount of tuition charged per year per student, and list the complete name of the public school your child would attend if they went to public school.

If "No" is checked for a student listed in Section C, that student will not be considered for tuition assistance. For all additional dependents, see Additional Dependents section.

OSTC Funding is available to families whose children live within the attendance boundaries of a public school that is on the list of underperforming schools that has been released by the Department of Education in Pennsylvania. The school you must list is the public school your child would be assigned to attend if they did not attend a private school.

**NOTE:** The information regarding tuition charged per student assists PSAS in making the most equitable analysis of your ability to pay for private education. If you are unsure, please estimate.

### D Household Information

**ITEM 1:** Enter total number of individuals living in the household. Include any college students claimed on the tax return. Do not include children who have moved out of the home. Include all family members dependent on and residing with the parent listed in Section A.

**ITEM 2:** Check the appropriate box indicating custodial parents' marital status. If parents are single, divorced, remarried, or separated, complete Section E.

### E Single, Divorced, Remarried, or Separated Parents

If dependent(s) parents are divorced or separated, or do not reside in the same household, the custodial parent must provide the information requested in Section E about the non-custodial parent.

**If the date of separation took place in the year 2015, PSAS will require copies of any tax returns filed jointly or independently by both parent(s)/guardian(s) for 2015. Be sure to estimate the income in Section F for 2016.**

**ITEM 5:** Indicate who is responsible for tuition and what percentage for the dependents listed in Section C. List the total amount of child support actually received by custodial parents listed in Sections A & B. List the total amount received and the total amount paid for **2015**.

### F Taxable Income (Answers in US\$ ONLY)

List all actual amounts for **2015** and estimated amounts for **2016**.

**ITEM 1:** Enter the total number of exemptions you claimed on your **2015** IRS Form 1040, 1040A, or 1040EZ.

**ITEM 2:** Enter the total **2015** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION A. Attach all copies of **2015** W-2 forms and/or **2015** 1099 forms from all employers.

**ITEM 3:** Enter the total **2015** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION B. Attach all copies of **2015** W-2 forms and/or **2015** 1099 forms from all employers.

**ITEM 4:** Enter the total net income from business (attach Schedule C or C-EZ), all rents, royalties, partnerships (attach Schedule E), and all farm income or loss (attach Schedule F). If you have received income from any of these sources and are estimating your income for **2015**, you must also fill out Section K of this application. (*See 2015 1040 lines 12, 17, and 18, enter sum total.*)

**ITEM 5:** Enter the total of all other taxable income from interest, dividend income (attach Schedule B if over \$400), taxable refunds, credits or offsets of state and local income taxes, alimony received, capital gain or loss (attach Schedule D). List all capital gain distributions not previously reported, total IRA distributions (if rolled-over, explain in Section L), pensions and annuities, unemployment compensation, taxable social security benefits, and any other taxable income. **Attach copies of all Form 1099/1099R, and/or Form 1098 for Interest/Dividends, Pensions/Annuities or other misc. income. Attach copies of Social Security Income statements and Unemployment Compensation documentation for year-end 2015.** (*See 2015 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21, or 1040A lines 8a-14b, enter sum total.*)

**ITEM 6:** Enter allowable adjustments to income, such as IRA payments, self-employment tax, self-employed health insurance deduction, Keogh retirement plan and self-employed SEP deductions, penalty on early savings withdrawals, and alimony paid. Add together to arrive at your total adjustments. **DO NOT** include your standard deduction or deduction amounts for each family member. (*See 2015 1040 line 36, or 1040A line 20.*)

**ITEM 7:** Enter total adjusted gross income as reported on your IRS Form 1040, 1040A or 1040EZ. Attach all pages of the applicable tax form (1040, 1040A, 1040EZ) for documentation. (*See 2015 1040 line 37, or 1040A line 21.*)

**ITEM 8:** Enter the Total Tax paid (not withheld) as reported on your IRS Form 1040, 1040A, or 1040EZ. (*See 2015 1040 line 63, or 1040A line 39.*)

**ITEM 9a:** Enter the total of any medical and dental expenses as reported on Schedule A, line 1 of your IRS Form 1040 (attach Schedule A).

**ITEM 9b:** Enter the total amount of Charitable Contributions as reported on Schedule A, line 19 of your IRS Form 1040 (attach Schedule A).

## **G** Non-Taxable Income (Answers in US\$ ONLY)

If you receive non-taxable income, **you must list and provide documentation of the TOTAL YEARLY AMOUNTS received in 2015** for all recipients in the household for the following: Cash Assistance (TANF), Food Stamps, Social Security income, Student loans and/or grants (received for PARENT's education), Housing assistance (Section 8, HUD, etc.), Worker's Compensation, Disability or Retirement.

**ITEM 10: Child support:** Report total amount received for **2015** for all children in the household.

**ITEM 11: Cash Assistance (TANF):** Report total amount received for **2015**.

**ITEM 12: Food Stamps (SNAP):** Report total amount received for **2015**. Do not combine with TANF or Medicaid.

**ITEM 12a:** Did you receive Medicaid in **2015**?

**ITEM 13: Social Security benefits:** Report the total non-taxable (SSA/SSD, etc.) amount received in **2015** for all recipients in household.

**ITEM 13a: Social Security benefits:** Report the total non-taxable (SSI ONLY) amount received in **2015** for all recipients in household.

**ITEM 14: Student loans and/or grants:** Report the total amount received in **2015** for PARENT'S education. Do not list loans, grants or scholarships received for dependents in Section C. Identify how much of this income was used for household expenses in **2015**.

**ITEM 15: Housing assistance:** Report the total amount received for **2015**. Identify in Section L all sources of Housing assistance (government assistance, Section 8, HUD, family/friends or other sources), including monies received toward rental/mortgage payments and/or utilities.

**ITEM 15a: Religious Housing assistance:** Report the total amount received for **2015**.

**ITEM 16: Other non-taxable income:** Report all additional non-taxable income received in **2015** including: Working for cash, Deductible IRA or Keogh payments; untaxed portions of pensions; tax exempt interest income; foreign income exclusion; Workers' Compensation; cash support or any money paid on your behalf, including support from a non-custodial parent or any other person (do not include court ordered support here); adoption and/or foster care subsidy, or any other benefit or income not subject to taxation by any government (Refugee Assistance, etc.). Identify source(s) in Section L.

**ITEM 16a: Any and all Military/VA Benefits and/or Compensation:** Provide your Leave and Earnings Statement (if applicable) and report the total amount received for **2015** of food and other living allowances paid to members of the military, veterans non-education benefits (Death Pension, Dependency and Indemnity Compensation, etc.), VA Educational Work-Study, etc. Identify source(s) in Section L.

**ITEM 17: Loans/Gifts received from friends or relatives:** Report the total amount received in **2015**.

**ITEM 18: Personal Savings/Investment Accounts:** Report the total amount used in **2015** for household expenses.

**ITEM 19: Total non-taxable income for 2015:** Add together Items 10-18.

## **H** Housing Information

**ITEMS 20 and 21:** If you rent your home or apartment, list your monthly rental or lease payment here, including amounts paid by household and other sources.

**ITEM 21c:** Indicate whether you are current on your monthly rental payment and if not, what the actual amount was that you paid in **2015**.

**ITEM 22a:** Determine the present value of the family home and list it. Local real estate agents should be able to help you if you are unsure.

**ITEM 22b:** Check with your lending institution and enter the amount still owed, including second mortgages.

**ITEM 22d:** Indicate whether you are current on your monthly mortgage payment and if not, what the actual amount was that you paid in **2015**.

## **I** Assets and Investments

**ITEM 23:** List total of current balances in cash, savings, and checking accounts. Do not include IRAs or Keoghs.

**ITEM 24:** List total current market value of money market funds, mutual funds, stocks, bonds, CDs or other securities.

**ITEM 25:** List total current market value of all retirement funds, including IRA, Keogh, 401K, and SEP plans or other retirement accounts. List total amount contributed in **2015** for Item 25a.

**ITEM 26:** Answer Items 26a and 26b for any and all investment real estate (not including the family's primary residence), if applicable. **Do not list the value of your home.** Second homes, rental properties, and land contracts should be included.

**ITEM 27:** If you own a business, check the Yes box and answer Items 27a and 27b. If you have not filed your **2015** tax return, complete Section K of this application.

**ITEM 28:** If you own a farm, check the Yes box and answer Items 28a and 28b. If you have not filed your **2015** tax return, complete Section K of this application.

## **J** Unusual Circumstances

Check any and all items that apply to your situation. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying and also include a letter of explanation with this application.

## **K** Business Income

**Provide 2015 Business Income Estimates if you have not filed your 2015 Tax Return.**

**ITEM 1:** List estimated total GROSS business income for **2015**.

**ITEM 2:** List estimated total NET taxable business income/loss for **2015**.

**ITEM 3:** List the total amount paid by business in **2015** for home rent or mortgage.

**ITEM 4:** List the total amount paid by business in **2015** for personal automobile.

**ITEM 5:** List the total amount of personal expenses paid by business in **2015** that do not fall into one of the categories above.

**ITEM 6:** List total amount of estimated rental income received in **2015**.

If providing income estimates for more than one business, corporation or farm (Schedule C, Schedule E and/or Schedule F) please list information for each business, corporation or farm separately. Use additional sheet or Section L, if necessary.

## **L** Explanation

If any specific question requires clarification, write a brief explanation in this space. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying.

## **M** Certification, Authorization, and Documentation Requirements

You **must** sign the form in this section. Your signature authorizes PSAS to release the form and attachments to the contracting schools indicated in Section C. By signing the form, you also certify that the information submitted is correct. This application CANNOT be processed without the appropriate signature(s) and the appropriate documentation.

## **REQUIRED DOCUMENTATION**

### **If you have filed your 2015 IRS Form 1040:**

You must submit photocopies of all pages of your **2015** Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules, **2015** W-2 Forms, **2015** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s).

### **If you have not filed your 2015 IRS Form 1040:**

You must submit photocopies of all **2015** W-2 Forms, **2015** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s), and photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules). **If this application is submitted after April 15, 2016, you must provide a copy of the 2015 Extension for Filing Request, as approved by the IRS.**

### **If you are an Independent Contractor or self-employed and have not filed your 2015 IRS form 1040:**

You must complete Section K and submit photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules), **2015** W-2 Forms, **2015** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). **If this application is submitted after April 15, 2016, you must provide a copy of the 2015 Extension for Filing Request, as approved by the IRS.**

### **If you receive non-taxable income:**

You must submit photocopies of your **2015** YEAR-END (01/01/15 - 12/31/15) Cash Assistance documentation (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Student loan and/or grant documentation (for PARENT's education), Social Security Income statements, showing the **TOTAL AMOUNT** received in **2015** for ALL members of the household. If you list any total for line 16, you must identify source(s) in Section L.

### **Proof of Residency:**

You must submit photocopies of your most recent PA-40 Pennsylvania State Return. If you have not filed your PA-40, provide a copy of a recent Utility Bill (gas, water, or electric) showing your current address.

**IF YOU EARNED INCOME OUTSIDE THE US, PROVIDE ALL DOCUMENTATION OF INTERNATIONAL INCOME.**



## Educational Improvement Tax Credit (EITC) Supplemental Form

Household Members: (List every resident in the household)		Household Income: (List income from 2015 PA-40 filed by any resident)		
	Name	Filed PA-40:		Taxable Income
		Yes	No	
Parent/Guardian A:		<input type="checkbox"/>	<input type="checkbox"/>	\$
Parent/Guardian B:		<input type="checkbox"/>	<input type="checkbox"/>	\$
Others:		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>Total Household Members:</b> _____		<b>Total Income:</b> \$ _____		

Signature: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

***Please use these guidelines to determine whether your family qualifies to apply.***

**EITC Income Guidelines:**

The Educational Improvement Tax Credit Program is closely regulated by State legislation. Per State law, the following guidelines should be used to determine what should be included as "Income."

In calculating household income for the purpose of determining student eligibility, all moneys and property received by all household members of whatever nature and from whatever source are to be included, except for the following:

<u>Number of Dependents</u>	<u>Maximum Income</u>
1	\$91,620
2	\$106,890
3	\$122,160
4	\$137,430
5	\$152,700*
*add \$15,270 for each additional dependent	
<b>GUIDELINES ARE SUBJECT TO CHANGE</b>	

- 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 benefits 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 service personnel serving in a combat zone.

For information regarding income guidelines for families with special needs students or students attending special education schools, please contact your school administrator.