

Educational Improvement Tax Credit Scholarship Application
(Complete one form for each student applicant.)

TO: MENNONITE FOUNDATION – MENNONITE SCHOLARSHIP ORGANIZATION

This is an application for a scholarship authorized by Pennsylvania Act 4 of 2001, which permits the award of an educational improvement tax credit (EITC) to businesses that make contributions to certain scholarship organizations.

School: LANCASTER MENNONITE SCHOOL

Student Name: _____ Date of Birth: _____

Student Social Security # (required): _____ Grade for 2011-12: _____

Number of dependents in student's household (including parents/guardians and student): _____

Identify all dependents by name: _____

First Parent Name: _____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Telephone Number: _____ E-mail Address: _____

Second Parent Name: _____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Telephone Number: _____ E-mail Address: _____

Income Criteria: The Act requires scholarship organizations to make awards only to those who qualify on income criteria established under the Act. The applicant's household income may not exceed \$50,000 plus an income allowance of \$10,000 for each eligible student and dependent member of the household. Household income does not include: disability payments, worker's compensation, retirement pensions, public assistance or unemployment compensation, reimbursement for work-related expenses, employer or union payments for hospitalization, death benefits, supplemental employment, strike benefits, social security and retirement, and combat pay for military personnel.

Total household income of student's household: \$ _____

Certification: *The undersigned parent(s)/guardian(s) of the student certify that the information contained in this application is true and correct to the best of their knowledge and that the accompanying copies of federal income tax returns and pay stubs are true and correct copies of the originals. The school or its agent (FAST) is authorized to deliver this application and the accompanying information to the scholarship organization.*

Signed (parent or guardian): _____ Date: _____

Signed (parent or guardian): _____ Date: _____

BOTH SIGNATURES ARE REQUIRED BY LAW – SEND DIRECTLY TO F.A.S.T.