



Note to Parents:

Student Name

- **Income Requirements:** Your 2018 Adjusted Gross Income (AGI)—as shown on the federal tax return on which the student is claimed as a dependent—may not exceed \$85,000 [with an additional income allowance of \$15,608 permitted for each dependent—in addition to the student—living within the same household].
- Verification of income must cover all sources of income. Check the ones you submit and enclose the document with this application.
- If you are not required to file a federal tax return, please provide documentation showing total income (including alimony, child support, disability income, pension payments, public assistance, social security, supplemental SSI income, and wages).
- Please attach financial documents to this application
- Please **do not** submit only Forms W-2 and/or Forms 1099 as proof of income.
- Please write legibly.

I hereby certify that, to the best of my knowledge, the information provided on this application is true and accurate. I have attached a copy of my 2018 IRS *Form 1040/1040A/1040EZ** (or my state tax return) as documentation of my income.

Parent/Guardian Signature

Date

SCHOOL ADMINISTRATION INFORMATION

A student is eligible if he/she:

- resides within the attendance boundary of a low-achieving public school in Pennsylvania, **and**
- has parent(s) or guardian with an Adjusted Gross Income no greater than \$85,000 [with an additional income allowance of \$15,608 permitted for each additional dependent].

This student is under consideration for an OSTC scholarship in the amount of \$ _____

This student is under consideration for a scholarship. To the best of my knowledge, the information on this application is true.

Head of School's Signature: _____

Date: _____



Children's Jubilee Fund

School Generated Funds
OSTC Student Application
2019-2020 Academic School Year

School Name

Student Information

Name:	Date of Birth:
Student Phone:	Student Email:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
Grade in September 2019:	Name of School District in Which You Reside:
	Name of Public School Student is Eligible to Attend:

Head of Household Information

Name:	Relationship to Student:
Phone:	Email:
Street Address:	City, State, Zip:

2018 Adjusted Gross Income:

Your input is valuable and can help us provide more scholarships! May we contact you and/or your student(s) for marketing, research, or fundraising purposes? Yes No