



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 \$44,000. Married parents who file separately must total and document the AGI of both returns.
- 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
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SCHOOL ADMINISTRATION INFORMATION

- The deadline for applications is September 30th

A student is eligible if he/she:

- resides in the school district of Philadelphia, PA; Norristown, PA; Chester-Upland, PA; or Camden, NJ, **and**
- is new to the school in the 2019-2020 school year (or received a Jubilee scholarship at your school in some previous year), **and**
- has parent(s) or guardian with an Adjusted Gross Income of \$44,000 or less.

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

Head of School's Signature: _____

Date: _____



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:
Student is: <input type="checkbox"/> New <input type="checkbox"/> Returning	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) and/or share your story for marketing, research, or fundraising purposes? Yes No

Do you have a powerful story to share about how the scholarship is or will benefit your student? Please tell us!
