



Academic Year
2021-2022

Student Application for OSTC Scholarship Funds

Form
OSTC

Use this form for all **OSTC** Scholarship applications from 07/01/2021 - 06/30/2022.

Part 1 To be completed by parent/guardian

1. Student Name. _____
2. Student Date of Birth. _____
3. School Name. _____
4. Student Gender (select one) Male Female
5. Student's Ethnic Identity (select one). African-American Hispanic
 Asian Native American
 Caucasian Other (specify). _____
6. Student's Grade in September 2021. _____
7. Student is: **new** to this school in September 2021 **OR** **returning** to this school in September 2021
8. Student resides within the boundary of which school district? (select one). Philadelphia Chester-Upland
 Norristown
9. Name of the public school Student is eligible to attend: _____
10. Head of Household Name. _____
11. Head of Household Relationship to Student: (select one). Parent Other Family Member
 Legal Guardian Foster Parent
 Grandparent Other
12. Head of Household Contact Phone. _____
13. Head of Household Contact Email. _____
14. Head of Household Street Address. _____
15. Head of Household City, State, Zip. _____
16. 2020 Adjusted Gross Income (Line 11 on your 2020 Form 1040). \$ _____
17. Number of People in Your Household, including Student. _____
18. Is the amount of your 2020 Adjusted Gross Income listed on Line 16 *less than or equal to* the PA State income limit of \$113,693? (**NOTE: For each dependent in your household other than your Student, increase this amount by \$17,017.**) Yes No

→ → → → If the answer to the question on Line 18 is "No," then **STOP HERE**. You are not entitled to an OSTC Scholarship.

19 a. Take the number of people in your household from Line 17 and locate it in the **Household Size** column in the table to the right. Then, write the **Maximum Adjusted Gross Income** amount next to that number here. \$ _____

Household Size	Maximum Adjusted Gross Income
2	\$31,894
3	\$40,182
4	\$48,470
5	\$56,758
6	\$65,046
7	\$73,334
8	\$81,622
9	\$89,910
10	\$98,198

b. Is the amount you wrote on Line 16 **equal to or less than** the amount on Line 19a.? (check one) Yes No

→ If the answer to Line 19b. is "Yes," then under Pennsylvania State law, you will receive preference for an OSTC Scholarship.

20. Which type of documentation are you attaching to this application for the purposes of income verification? (check one). 2020 Form 1040 (first page only) FACTS report Other

Form continues on Page 2 →

21. Please tell us how this scholarship will benefit your student and family.

22. Your input is valuable and can help us provide even more scholarships! May we contact you and/or your student and/or share your story for marketing or fundraising purposes? Yes No

I hereby certify that, to the best of my knowledge, the information provided on this application is true and accurate.

Parent/Guardian Signature

Date

Part 2 *To be completed by the school*

23. Amount of OSTC Scholarship requested for this Student on this application. \$ _____

24. This Student is a resident of one of the following school districts: Philadelphia, Norristown, or Chester-Upland: Yes No

25. The public school this Student is eligible to attend (Line 9) is on the PA List of Low-Achieving Schools for the most current year: Yes No

26. This Student's household Adjusted Gross Income for 2020 is at or below the PA State income limit (Line 18), as indicated by the Parent/Guardian's "Yes" response to the question on Line 18:
 Yes No

27. This Student is new to this school in the 2021-2022 school year OR has received an OSTC scholarship at your school in some previous year Yes No

I hereby certify that, to the best of my knowledge, the information provided on this application is true and accurate.

Head of School Signature

Date

Office Use Only