



(A PARTNER OF ST. DANIEL'S LUTHERAN CHURCH PRE-KINDERGARTEN SCHOLARSHIP ORGANIZATION)

EITC SCHOLARSHIP APPLICATION FORM

1. **Parent's Names**

- _____
- _____

2. **County of Residence**

_____ (Berks, Lebanon, Lancaster, Other/Specify)

3. **Student Name**

- _____

4. **Class(es) Attending**

___ 2-day, ___ 3-day, ___ Full day

5. **Number of Dependents in Household** (From 2020 IRS Form 1040; "Dependents" section on first page.)

- Total Number of Dependents Reported in "Dependents" section: _____
- Provide Specific Information for Each Dependent Reported:

<u>Name</u> _____	<u>Relationship to You</u>	<u>Age</u>
+		
+		
+		
+		
+		

5. **Household "Adjusted Gross Income" (AGI)** (From 2020 IRS Form 1040; Line 11.)

\$ _____

6. **Signature and Phone Number of Responsible Adult**

I certify (promise) that all information provided on this Application is true and that all income is reported as requested. I understand that if I purposely give false information, I will lose all Scholarship benefits that I may receive from this program.

Print Name _____ Signature _____ Date _____
Phone # _____

INSTRUCTIONS FOR SUBMITTING APPLICATION

- Place completed Application Form in attached envelope and seal the envelope.
 - Personally give the sealed envelope with completed Application Form to Mrs. Franzen.
- OR-**
- Mail the envelope with completed Application Form to the following address. Registration forms and fees should be included in the envelope if they have not already been submitted.

Attn: Mrs.B. L. Franzen, Preschool Registrar
Trinity Lutheran Preschool
130 S. Walnut Street
Wernersville, PA 19565