Central Pennsylvania Scholarship Fund

Attached you will find an application and examples of the spreadsheets needed in order to distribute funds to your school.

There are several ways in order to receive the scholarship dollars for your school.

- If your school uses FACTS or a similar program in order to generate scholarship qualified students, then I just need a spreadsheet from FACTS or a spreadsheet that you generate. (Examples enclosed)
- 2. If you do not collect financial data, please use the application attached that is appropriate for your school (Pre-K or K-12). The first two pages of the tax return will also need to be sent along with the application. Please specify on the application whether it is for EITC/OSTC. All applications can be collected by the school and sent to me or can be directly sent to my office.

Once completed the information is complete it can be sent any of the three ways below:

- mail it back to the address below,
- fax it to 814-684-1061
- email it to scholarship@cpsfcharity.org.

If you would like an electronic copy of the spreadsheets, they can be emailed to you.

INCOME GUIDELINES FOR SCHOLARSHIPS

Household income of \$105,183 with a credit of \$18,514 per child.

For example:

Household with one child: Max income of \$123,697

Household with two children: Max income of \$142,211

Household with three children: Max income of \$160,725

If tax returns are not filed, a letter on school letterhead that verifies that the family qualifies but does not file taxes due to specific reasons is appropriate

Credit Limitations:

PKSO – Amount of max tuition EITC/SO – Amount of max tuition OSTC - \$8,500 per traditional student and \$15,000 per special needs student

	Applicant County	Blair County	Blair County		Blair County	Blair County Blair County	Blair County Blair County Blair County	Blair County Blair County Blair County Blair County	Blair County Blair County Blair County Blair County Blair County	Blair County Blair County Blair County Blair County Blair County Blair County	Blair County	Blair County	Blair County	Blair County
State	Qualified Ap	Yes Bla	Yes Bla	Yes Bla	_	Yes Bla								
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	Пе													
	Institution Name													
	Assigned Award	\$1,300.00	\$1,200.00	\$800.00		\$400.00	\$400.00	\$400.00	\$400.00 \$500.00 \$300.00 \$200.00	\$400.00 \$500.00 \$300.00 \$200.00	\$400.00 \$500.00 \$300.00 \$200.00 \$500.00	\$400.00 \$500.00 \$300.00 \$200.00 \$300.00 \$400.00	\$400.00 \$500.00 \$300.00 \$200.00 \$300.00 \$300.00	\$400.00 \$500.00 \$200.00 \$200.00 \$500.00 \$500.00 \$300.00
	Assign	2,550	2,550	2,060		2,550	2,550	2,550 2,550 2,060	2,550 2,550 2,060 1,815	2,550 2,550 2,060 1,815 2,060	2,550 2,550 2,060 1,815 2,060 2,060 2,550	2,550 2,550 2,060 1,815 2,060 2,550 2,550	2,550 2,550 2,060 1,815 2,060 2,550 2,550 2,550	2,550 2,550 2,060 1,815 2,060 2,550 2,060 2,550
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	Student Name													
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Find	Ţ,	Yes	Yes	Yes		Yes								
	Award Status	Reserved	Reserved	Reserved		Reserved								

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School Name Street Address City, State, Zip Code Phone Number Attn:

2019

Tuition Name

Grade

Scholarship Amount

Type (OSTC. EITC. PKSO)



PSF Central Pennsylvania Scholarship Fund

K-12th Grade Scholarship Application

Scholarship Amount F	Requesting: \$
Applications must be r	eceived in the office of Central PA Scholarship Fund at:
C P S F, Attn: Tami C	lark 227 Jefferson Ave., Tyrone, PA 16686
	Please print or type:
Student's Name:	
Guardian(s) Name:	
Street Address:	
City, State, Zip:	
Telephone:	E-mail:
School Attended Last	Year:
Grade:	Did the student attend public school last year?
School Applying To:	
	ome: \$ (attach pages 1-2 of current Tax Return)
Total Family Members	s in Household:
Do you live in a low a	chieving school district?
Print Name(s)	Date
Signature(s)	



SF Central Pennsylvania Scholarship Fund

Pre-K Scholarship Application

Scholarship Amount I	Requesting: \$									
Applications must be received in the office of Central PA Scholarship Fund at:										
C P S F, Attn: Tami C	lark 227 Jefferson Ave., Tyrone, PA 16686									
	Please print or type:									
Student's Name:										
Guardian(s) Name:										
Street Address:										
City, State, Zip:										
Telephone:	E-mail:									
Date of Birth:										
School Applying To:										
	ome: \$ (attach pages 1-2 of current Tax Re	 eturn)								
Total Family Member	s in Household:									
Print Name(s)	Date	_								
Signature(s)		-								