

## K-12 SCHOLARSHIP APPLICATION 2020/2021 SCHOOL YEAR

**A. Parent/Guardian Information** *(only those residing in the student's household in 2019)*

1. 1st Parent/Guardian's Name: \_\_\_\_\_  

First Name
Middle Initial
Last Name
2. 2nd Parent/Guardian's Name: *(if applicable)* \_\_\_\_\_  

First Name
Middle Initial
Last Name
3. Address: \_\_\_\_\_ City: \_\_\_\_\_, PA ZIP: \_\_\_\_\_
4. County: \_\_\_\_\_
5. Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ 6. Email: \_\_\_\_\_

**B. Household Information: 2019 Tax Year** *(Please supply a copy of your Federal 1040 form)*

1. Number of family members living in household: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Children/Dependants: \_\_\_\_\_ \*Other: \_\_\_\_\_  
\* If there are adults living in your household besides the parent/guardian you must include them in this application and provide their Federal Tax documentation.
2. Marital status of parent/guardian(s):  Married  Single  Widowed  Divorced (month/year) \_\_\_\_\_  Separated (month/year) \_\_\_\_\_

**C. Income Information**

All adults residing in the household with the student(s) MUST report their income on this application and attach their 2019 Federal Income tax return.

Income Sources	1st Parent/Guardian	2nd Parent/Guardian	Other
1. Adjusted Gross Income from 2019 Federal 1040:			
2. Social Security Benefits, SSI or Disability:			
3. Any Additional Income			

**D. Student Information:** *Fill in section below entirely for the child(ren) who attend the specific school receiving scholarships from Bridge*

**Student A.**

1. Full Name: \_\_\_\_\_
2. Grade enrolled for 2020/2021 school year: \_\_\_\_\_
3. Relationship to guardian:  Child  Stepchild  Other \_\_\_\_\_
4. Gender:  Male  Female
5. Date of Birth (MM/DD/YY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
6. Was this child a full-time student in a Pennsylvania school in 2019/2020?  Yes  No (If answer is YES, please check appropriate box below.)
7. Was this child a full-time student in a public or private institution?  Public  Private
8. School attended in 2019/2020: \_\_\_\_\_
9. School City: \_\_\_\_\_
10. School attending in 2020/2021: \_\_\_\_\_
11. School City: \_\_\_\_\_

**Student B.**

1. Full Name: \_\_\_\_\_
2. Grade enrolled for 2020/2021 school year: \_\_\_\_\_
3. Relationship to guardian:  Child  Stepchild  Other \_\_\_\_\_
4. Gender:  Male  Female
5. Date of Birth (MM/DD/YY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
6. Was this child a full-time student in a Pennsylvania school in 2019/2020?  Yes  No (If answer is YES, please check appropriate box below.)
7. Was this child a full-time student in a public or private institution?  Public  Private
8. School attended in 2019/2020: \_\_\_\_\_
9. School City: \_\_\_\_\_
10. School attending in 2020/2021: \_\_\_\_\_
11. School City: \_\_\_\_\_

**E. Certification Signature**

I (we) hereby agree that any scholarship award will be used exclusively for the payment of tuition at the school designated above, and that the school is authorized to verify that the designated student is enrolled in said school and that the school's tuition has been paid. I (we) further agree to notify Bridge Educational Foundation, Inc. immediately should the student no longer be enrolled in said school for any reason. I (we) also agree to repay Bridge Educational Foundation, Inc. any tuition amounts, paid for by a scholarship grant from Bridge Educational Foundation, Inc., which are refunded to me (us) by the school by reason of the fact that the student is no longer enrolled in said school. I understand that the deliberate misrepresentation of the information may result in the scholarship being denied or revoked, and may subject me to prosecution under applicable State and Federal laws.

Signature(s) of parent/guardian: \_\_\_\_\_ Dated: \_\_\_\_\_

By selecting the "I Accept" button, you are signing this Agreement electronically. **I Accept**

**Please send the completed application and tax information back to your school.**