



This form is for all applicants and must be completed in full.

Return to Sister Grace
by June 1, 2016
Grants will be made in Sept 2016

K-12 SCHOLARSHIP APPLICATION 2016/2017 SCHOOL YEAR

A. Parent/Guardian Information (only those residing in the student's household in 2015)

- 1st Parent/Guardian's Name: _____
First Name Middle Initial Last Name
- 2nd Parent/Guardian's Name: (if applicable) _____
First Name Middle Initial Last Name
- Address: _____ City: _____, PA ZIP: _____
- County: _____
- Primary Phone: () _____ Alternate Phone: () _____ 6. Email: _____

B. Household Information: 2015 Tax Year (Please supply a copy of your Federal 1040 form)

- 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.
- 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 2015 Federal Income tax return.

Income Sources	1st Parent/Guardian	2nd Parent/Guardian	Other
1. Adjusted Gross Income from 2015 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.

- Full Name: _____
- Grade enrolled for 2016/2017 school year: _____
- Relationship to guardian: Child Stepchild Other _____
- Gender: Male Female
- Date of Birth (MM/DD/YY): _____ / _____ / _____
- Was this child a full-time student in a Pennsylvania school in 2015/2016? Yes No (If answer is YES, please check appropriate box below.)
- Was this child a full-time student in a public or private institution? Public Private
- School attended in 2015/2016: _____
- School City: _____
- School attending in 2016/2017: _____
- School City: _____

Student B.

- Full Name: _____
- Grade enrolled for 2016/2017 school year: _____
- Relationship to guardian: Child Stepchild Other _____
- Gender: Male Female
- Date of Birth (MM/DD/YY): _____ / _____ / _____
- Was this child a full-time student in a Pennsylvania school in 2015/2016? Yes No (If answer is YES, please check appropriate box below.)
- Was this child a full-time student in a public or private institution? Public Private
- School attended in 2015/2016: _____
- School City: _____
- School attending in 2016/2017: _____
- 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: _____

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

If you do not have a 1040 tax form, you must get letter notarized.

[Please have this form notarized]

Date:

Kelly Gerdes
Bridge Educational Foundation, Inc.
Post Office Box 222
Harrisburg, PA 17108-0222

Dear Ms. Gerdes:

Per your request, I am supplying this letter to serve as an attachment to my scholarship application for a Bridge Educational Foundation scholarship for the 2016-2017 school year at St. Hubert Catholic High School for Girls. As you can see, I have had this letter notarized.

My household's only sources of income for the 2015 tax year are from the following:

1. Disability Social Security is \$_____ per year.
2. Child Support payment is \$_____ per year.
3. Other sources : _____ is \$_____ per year.

There were _____ children that lived in our household during the above mentioned tax year.

Sincerely,

_____ Print Name

_____ Sign Name