



EITC SCHOLARSHIP APPLICATION 2025/2026 SCHOOL YEAR

) A. Parent/Guardian Information (Only for those who lived in the household for the majority of 2024)

1. First Parent/Guardian Name (first and last name): _____
2. Second Parent/Guardian Name (if applicable) (first and last name): _____
3. Street Address: _____ City: _____, PA ZIP: _____
4. County: _____
5. Primary Phone: (____) _____ 6. Email address: _____

) B. Household Information (2024 Tax Year) Please supply a copy of your Federal 1040 form for any adult that lived in the household in 2024. Please contact your school if you do not have the required 1040 forms.

1. Total number of individuals that lived in the household in 2024 (breakdown of individuals below): _____
 2. Total number of parents/guardians: _____ 3. Total number of children: _____
 4. Total number of "other" adults: _____ 5. Total number of "other" individuals under 18 years old: _____
- The total of #2, #3, #4 and #5 must add up to the total number of individuals in #1. If there were any other individuals that lived in the household in 2024 that were over 18 years old, they must also provide their 2023 Federal 1040 form.*
6. Marital status of parents/guardians: Married Single Divorced (month/year) _____ Separated (month/year) _____

) C. Income Information (2024 Tax Year) All adults that lived in the household in 2024 with the student(s) MUST report their income on this application and attach their 2024 Federal 1040 form.

1. Adjusted Gross Income from 2024 Federal 1040:
 - a. 1st Parent/Guardian: _____
 - b. 2nd Parent/Guardian: _____
 - c. If filed joint tax return, please enter AGI here: _____
 - d. Other adults that lived in household in 2024: _____
2. Other Income from 2024 (Social Security, SSI, Disability, etc.):
 - a. 1st Parent/Guardian: _____
 - b. 2nd Parent/Guardian: _____
 - c. Other adults that lived in household in 2024: _____

) D. Student Information

1. Full Name: _____
2. Grade enrolled for 2025/2026 school year: _____
3. Relationship to guardian: Child Stepchild Other _____
4. Gender: _____
5. Date of Birth (Month/Day/Year): _____ / _____ / _____
6. Is the child a full-time student in a PA school during the 2024/2025 school year? Yes No (If answer is YES, please answer the next question)
7. Was the child a full-time student in a public or non-public institution? Public Non-Public
8. School child attended during 24/25 school year: _____ City: _____
9. School child is attending for 25/26 school year: _____ City: _____

) E. Certification Signature: If you type in your name and date below please check the "I Accept" box.

I (we) hereby agree that any scholarship award will be used exclusively for the payment of tuition at The Concept School. I (we) further agree to notify The Concept School immediately should the student unenroll from the school for any reason. I (we) also agree to repay The Concept School any tuition amounts paid for by a scholarship grant by reason of the fact that the student is no longer enrolled. 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 return the completed application and tax information back to TCS