



Sharing the cost of education

2016-2017 Family Application Form

Applications cannot be processed unless they are fully completed and include a copy of the 2015 IRS Form 1040, page 1.

Filing Deadline \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

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

2nd Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ (Street or PO Box) (City) (State) (Zip Code)

Home or Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail (to email application confirmation): \_\_\_\_\_

PA County: \_\_\_\_\_ Please check if also applying for OSTC funds \_\_\_\_\_ (attach letter received from your local public school if available)

Number of people reported on IRS tax return form 1040 for my/our household in 2015: Adults: \_\_\_\_\_ Dependents: \_\_\_\_\_

Household Income Information:

To be eligible for a scholarship, your annual household income (including income from all dependents living in your household and any child support) must not exceed \$76,350 plus \$15,270 for each dependent. (Note: this limit is adjusted annually for inflation; your school may have chosen lower income limits) A copy of page 1 of the Federal Income Tax Return (IRS Form 1040, 1040A, 1040EZ) for the year 2015 must be attached to this application including any tax returns filed by dependent children. Any parent or guardian who claims the student as a dependent must submit a copy of their 1040. If you did not file a tax return for 2015 include a signed statement of moneys received in 2015 and number of dependents you supported during the 2015 year.

School Information:

List the school your children will be attending with the aid of the FB Scholarship Services: (Note: if you have children attending different schools a separate application must be filed for each school.)

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ (Street or PO Box) (City) (State) (Zip Code)

Certification Signature:

I certify that all of the above information is true and correct and the Federal Forms 1040 enclosed provide a true and accurate verification of my annual household income. I understand that the deliberate misrepresentation of the information may result in the scholarship being denied or terminated. I understand that the scholarship payments will continue for the complete 2016-2017 school year as long as my child is enrolled at a qualified school, my family continues to qualify under the scholarship income guidelines, and I stay current on the tuition balance. Any unused portion of the scholarship award will be retained by FBSS for other scholarships. Further, I understand that the scholarships are awarded according to the prioritized selection of the qualified applicants, as per the guidelines established by the Commonwealth of PA and by FB Scholarship Services, and that the scholarships given are the sole responsibility of FB and the school. All decisions are final.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Carlisle Christian Academy
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