

ARMSTRONG COUNTY COMMUNITY FOUNDATION  
APPLICATION FOR K-12 SCHOLARSHIP

**To qualify for this scholarship, the parents of the student must either reside or be employed by a company located in Armstrong County. An eligible student is a school age student (kindergarten through grade 12) who is a resident of Pennsylvania, enrolled in a school located in this Commonwealth, and a member of a household with an annual household income of not more than \$60,000, except that an additional income allowance of \$12,000 is permitted for the student and for each other dependent (as defined by the IRS) living within the same household.**

1. Complete this application and return to the address below by **June 15, 2012**. NO APPLICATIONS POSTMARKED AFTER THIS DATE WILL BE CONSIDERED FOR THE 2012-2013 SCHOOL YEAR.

2. Attach the following to the completed application:

One (1) copy of the Family **2011 Federal Income Tax Return (Form 1040)**, pages 1 and 2 only

3. Send the completed application to the Armstrong County Community Foundation,

160 North McKean Street, Kittanning, Pennsylvania 16201. Application must be postmarked by **June 15, 2012**.

Name of Parent(s) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email Address \_\_\_\_\_

If you do not reside in Armstrong County, please provide the following:

Place of Employment: \_\_\_\_\_

Company address: \_\_\_\_\_

**Please provide information for each dependent child applying for a scholarship:**

Name \_\_\_\_\_

Grade \_\_\_\_\_

School enrolled at \_\_\_\_\_

Tuition Cost (annual) \_\_\_\_\_

Name \_\_\_\_\_

Grade \_\_\_\_\_

School enrolled at \_\_\_\_\_

Tuition Cost (annual) \_\_\_\_\_

Name \_\_\_\_\_

Grade \_\_\_\_\_

School enrolled at \_\_\_\_\_

Tuition Cost (annual) \_\_\_\_\_

Name \_\_\_\_\_

Grade \_\_\_\_\_

School enrolled at \_\_\_\_\_

Tuition Cost (annual) \_\_\_\_\_

Please provide any information concerning changes in your financial status since the above return was filed (any explanation of reduced income **MUST** be accompanied by supporting documentation to be considered):

\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge all of the information above and attached is accurate and true.

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

**All information is kept confidential.**