



6.) (        ) _____ - _____ <b>Home Phone or Cell Phone</b>	7.) (        ) _____ - _____ <b>Work Phone</b>
8.) <b>Email Address(es) :</b>  	9.) <b>County of residence:</b>  <input type="checkbox"/> Cambria <input type="checkbox"/> Somerset <input type="checkbox"/> Bedford
10.) Have you ever used The Learning Lamp services (child care, preschool, before and after school program, ect...)? If so, please specify when and where.	

### B. HOUSEHOLD INFORMATION

1. Number of family members currently living in household:	2. Current marital status of 1st parent or guardian.	3.) Monthly rent/mortgage/other:
Parent/Guardian: _____ Children: _____ Other *: _____  *On a separate sheet identify other(s) and provide income verification.	Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (month/year) _____ Separated <input type="checkbox"/> (Month/year) _____ Divorced/Remarried <input type="checkbox"/> Other <input type="checkbox"/> _____	Amount: \$ _____ Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> Other <input type="checkbox"/>

### C. INCOME INFORMATION

**All parents or guardians residing in the household with the student(s) MUST report income on this form and MUST attach a copy of the page of their 2020 Federal Income Tax Return (Form 1040, Form 1040A or 1040EZ) showing the Adjusted Gross income. No need to send all pages of tax return.**

Income Sources	1st Parent/Guardian	2nd Parent/Guardian	Other
1.) Adjusted Gross Income from 2020 Federal return:			
2.) Social Security Benefits, SSI, or Disability			
3.) Any Additional Income			
4.) Have you received financial assistance from any other sources? If so, please specify through who and the amount in the other column.			

**If you are claiming zero income, you must request and fill out a Zero Income Declaration Letter.**

## D. STUDENT INFORMATION

### STUDENT A

- 1.) Full Name \_\_\_\_\_
- 2.) Is your child at least 3 yrs of age:  Yes  No
- 3.) Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 4.) Relationship to guardian:  Child  Stepchild  Other: \_\_\_\_\_
- 5.) Gender:  Male  Female
- 6.) Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_
- 7.) Was this child a pre-K student in Pennsylvania in 20-21?  Yes  No
- 8.) School attended last year: \_\_\_\_\_
- 9.) Residing School District for last year: \_\_\_\_\_
- 10.) School enrolled for 2021-2022 school year: \_\_\_\_\_
- 11.) Residing School District 2021-2022: \_\_\_\_\_
- 12.) Race (optional)  Caucasian  Hispanic  African American  Asian  Other: \_\_\_\_\_
- 13.) Tuition Rate for school currently enrolled in for this year (*do not include fundraising fees – this is school tuition only; no other fees should be included*): \$ \_\_\_\_\_
- 14.) Have you applied for any other forms of tuition assistance?  Yes  No
- If yes, from where (school, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### STUDENT B

- 1.) Full Name \_\_\_\_\_
- 2.) Is your child at least 3 yrs of age:  Yes  No
- 3.) Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 4.) Relationship to guardian:  Child  Stepchild  Other: \_\_\_\_\_
- 5.) Gender:  Male  Female
- 6.) Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_
- 7.) Was this child a pre-K student in Pennsylvania in 20-21?  Yes  No
- 8.) School attended last year: \_\_\_\_\_
- 9.) Residing School District for last year: \_\_\_\_\_
- 10.) School enrolled for 2021-2022 school year: \_\_\_\_\_

- 11.) Residing School District 2021-2022: \_\_\_\_\_
- 12.) Race (optional)    Caucasian    Hispanic    African American    Asian    Other: \_\_\_\_\_
- 13.) Tuition Rate for school currently enrolled in for this year (*do not include fundraising fees – this is school tuition only; no other fees should be included*): \$ \_\_\_\_\_
- 14.) Have you applied for any other forms of tuition assistance?    Yes    No
- If yes, from where (school, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STUDENT C**

- 1.) Full Name \_\_\_\_\_
- 2.) Is your child at least 3 yrs of age:    Yes                       No
- 3.) Social Security #        \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 4.) Relationship to guardian:         Child         Stepchild         Other: \_\_\_\_\_
- 5.) Gender:         Male         Female
- 6.) Date of Birth (MM/DD/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- 7.) Was this child a pre-K student in Pennsylvania in 20-21?    Yes         No
- 8.) School attended last year: \_\_\_\_\_
- 9.) Residing School District for last year: \_\_\_\_\_
- 10.) School enrolled for 2021-2022 school year: \_\_\_\_\_
- 11.) Residing School District 2021-2022: \_\_\_\_\_
- 12.) Race (optional)    Caucasian    Hispanic    African American    Asian    Other: \_\_\_\_\_
- 13.) Tuition Rate for school currently enrolled in for this year (*do not include fundraising fees – this is school tuition only; no other fees should be included*): \$ \_\_\_\_\_
- 14.) Have you applied for any other forms of tuition assistance?    Yes    No
- If yes, from where (school, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If you have additional students, please make copies and fill out their information as above.*

**E. CERTIFICATION**

I (we) herby agree that any assistance 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 The Learning Lamp Opportunity Scholarship Agency/Scholarship Agency immediately should the student no longer be enrolled in said School for

The official registration and financial information of The Learning Lamp may be obtained from the Pennsylvania Department of State by calling toll free with in Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. The Learning Lamp is a 501(c)(3) nonprofit organization, donations to which are tax deductible to the fullest extent permitted by law.

any reason. I (we) also agree to repay The Learning Lamp any tuition amounts, paid for by a scholarship grant from The Learning Lamp, 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.

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**1st Parent/Guardian Signature**

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**2nd Parent/Guardian Signature**

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**Date**