BRIDGE SCHOLARSHIP INCOME GUIDELINES & APPLICATION

<table>
<thead>
<tr>
<th>NUMBER OF DEPENDENTS</th>
<th>MAXIMUM ADJ. GROSS INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$108,382</td>
</tr>
<tr>
<td>2</td>
<td>$124,604</td>
</tr>
<tr>
<td>3</td>
<td>$140,826</td>
</tr>
<tr>
<td>4</td>
<td>$157,048</td>
</tr>
<tr>
<td>5</td>
<td>$173,270</td>
</tr>
</tbody>
</table>

- PLEASE RETURN COMPLETED APPLICATION TO MRS. JASKULSKI (FRONT OFFICE) ALONG WITH A COPY OF YOUR FEDERAL 1040 FORM.

- APPLICATIONS THAT ARE INCOMPLETE OR MISSING DOCUMENTATION, WILL “NOT” BE CONSIDERED.

DEADLINE IS SEPTEMBER 11, 2020

NO EXTENSIONS
K-12 SCHOLARSHIP APPLICATION 2020/2021 SCHOOL YEAR

A. Parent/Guardian Information (only those residing in the student's household in 2019)
1. 1st Parent/Guardian's Name: ____________________________
   First Name: ____________________________
   Middle Initial: ____________________________
   Last Name: ____________________________

2. 2nd Parent/Guardian's Name: (if applicable)
   First Name: ____________________________
   Middle Initial: ____________________________
   Last Name: ____________________________

3. Address: ____________________________ City: ____________________________ PA ZIP: ____________________________

4. County: ____________________________

5. Primary Phone: (______) ____________________________ Alternate Phone: (______) ____________________________

6. Email: ____________________________

B. Household Information: 2019 Tax Year (Please supply a copy of your Federal 1040 form)
1. 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.

2. 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 2019 Federal Income tax return.

<table>
<thead>
<tr>
<th>Income Sources</th>
<th>1st Parent/Guardian</th>
<th>2nd Parent/Guardian</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Gross Income from 2019 Federal 1040:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Benefits, SSI or Disability:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Additional Income:</td>
<td></td>
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</tbody>
</table>

D. Student Information: Fill in section below entirely for the child(ren) who attend the specific school receiving scholarships from Bridge

Student A.
1. Full Name: ____________________________

2. Grade enrolled for 2020/2021 school year: ____________________________

3. Relationship to guardian: □ Child □ Stepchild □ Other ____________________________

4. Gender: □ Male □ Female

5. Date of Birth (MM/DD/YY): ____________

6. Was this child a full-time student in a Pennsylvania school in 2019/2020? □ Yes □ No (If answer is YES, please check appropriate box below.)

7. Was this child a full-time student in a public or private institution? □ Public □ Private

8. School attended in 2019/2020: ____________________________

9. School City ____________________________

10. School attending in 2020/2021: ____________________________

11. School City ____________________________

Student B.
1. Full Name: ____________________________

2. Grade enrolled for 2020/2021 school year: ____________________________

3. Relationship to guardian: □ Child □ Stepchild □ Other ____________________________

4. Gender: □ Male □ Female

5. Date of Birth (MM/DD/YY): ____________

6. Was this child a full-time student in a Pennsylvania school in 2019/2020? □ Yes □ No (If answer is YES, please check appropriate box below.)

7. Was this child a full-time student in a public or private institution? □ Public □ Private

8. School attended in 2019/2020: ____________________________

9. School City ____________________________

10. School attending in 2020/2021: ____________________________

11. 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: ____________________________

By selecting the "I Accept" button, you are signing this Agreement electronically. I Accept □

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