



We're lighting the way to a brighter future!

2025 Bedford Street • Johnstown, PA 15904 • 814-262-0732 • Fax: 814-262-0837 • thelearninglamp.org

K-12 Tuition Assistance 2023-2024 School Year

When applying for tuition assistance:

- The application **MUST** be completed in full and submitted with your 2022 tax return. *Incomplete applications will not be considered.* All items must be submitted at the same time.
- Please print legibly.
- Your child **MUST** be enrolled in the school that you are seeking tuition assistance for.
- Applications are accepted **June 1-30, 2023**, only. *Applications submitted outside of this time will not be considered.*
- Return completed applications to *The Learning Lamp, Attn: Kathy Morrell, 2025 Bedford St., Johnstown, PA 15904.* They may be mailed or dropped off in person.
- If awarded tuition assistance for the 2023-24 school year, you will receive a letter in the mail in late July.
- All applicants receiving tuition assistance from The Learning Lamp are required to complete **10 hours** of volunteer services with our organization. If you do not fulfill this requirement, you are not eligible to apply for assistance the following year. Time is tracked and monitored.

Please note: Applicants living in The Learning Lamp's primary service area of Cambria, Somerset, and Bedford counties receive first consideration.

EITC Income Guidelines*

Number of Dependents	Maximum Income
1	\$123,697
2	\$142,211
3	\$160,725
4	\$179,239
5	\$197,753
For additional dependents, add \$18,514 each	

*Meeting income guidelines do not guarantee tuition assistance. Tuition assistance is granted based on funding availability and the ranking of qualified eligible applicants.

A. PARENT/GUARDIAN INFORMATION

1.) _____ First Name Last Name Primary Parent/Guardian's Name	2.) _____ Parent Social Security # last 4 numbers
3.) _____ First Name Last Name 2nd Parent/Guardian's Name	4.) _____ Parent Social Security # last 4 numbers



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

5.) <div style="border-bottom: 1px solid black; text-align: center; margin: 10px 0;">Street Address</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> City State Zip Code </div>		
6.) () - <div style="text-align: center;">Home Phone or Cell Phone</div>	7.) () - <div style="text-align: center;">Work Phone</div>	
8.) Email Address(es) : <i>Please note: use an email address that is checked regularly as this is how we communicate for your 10 required volunteer hours</i>	9.) County of residence: <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, etc.)? If so, please specify when and where.		

B. HOUSEHOLD INFORMATION

1. Number of family members currently living in household:	2. Current marital status of primary parent or guardian	3.) Monthly rent/mortgage/other:
Parent/Guardian: _____ Children: _____ Other *: _____ <small>*On a separate sheet identify other(s) and provide income verification.</small>	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 first page of their 2022 Federal Income Tax Return (Form 1040, Form 1040A or 1040EZ) showing the Adjusted Gross income. No need to send all pages of the tax return.

Income Sources	1st Parent/Guardian	2nd Parent/Guardian	Other
1.) Adjusted Gross Income from 2022 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 from The Learning Lamp. To request a form, contact Kathy Morrell at 814-262-0732 x233 or email kmorrell@thelearninglamp.org

D. STUDENT INFORMATION

STUDENT A

- 1.) Full Name _____
- 2.) Is your child at least 3 yrs. of age: ☐ Yes ☐ No
- 3.) Relationship to the guardian: ☐ Child ☐ Stepchild ☐ Other: _____
- 4.) Gender: ☐ Male ☐ Female
- 5.) Date of Birth (MM/DD/YY): ____ / ____ / ____
- 6.) Was this child a pre-K student in Pennsylvania in 22-23? ☐ Yes ☐ No
- 7.) School attended last year: _____
- 8.) Residing Public School District for last year: _____
- 9.) School enrolled for the 2023-2024 school year: _____
- 10.) Residing Public School District 2023-2024: _____
- 11.) Race (optional) ☐ Caucasian ☐ Hispanic ☐ African American ☐ Asian ☐ Other: _____
- 12.) Tuition Rate for school currently enrolled in for the 2023-24 school year (do not include fundraising fees or extra service fees – this is school tuition only; no other fees should be included): \$ _____
- 13.) Have you applied for any other forms of tuition assistance? ☐ Yes ☐ No
- If yes, from where (school, organization, church, etc....)?

STUDENT B

- 1.) Full Name _____
- 2.) Is your child at least 3 yrs. of age: ☐ Yes ☐ No
- 3.) Relationship to the guardian: ☐ Child ☐ Stepchild ☐ Other: _____
- 4.) Gender: ☐ Male ☐ Female
- 5.) Date of Birth (MM/DD/YY): ____/____/____
- 6.) Was this child a pre-K student in Pennsylvania in 22-23? ☐ Yes ☐ No
- 7.) School attended last year: _____
- 8.) Residing Public School District for last year: _____
- 9.) School enrolled for the 2023-2024 school year: _____
- 10.) Residing Public School District 2023-2024: _____
- 11.) Race (optional) ☐ Caucasian ☐ Hispanic ☐ African American ☐ Asian ☐ Other: _____
- 12.) Tuition Rate for school currently enrolled in for the 2023-24 school year (*do not include fundraising fees or extra service fees – this is school tuition only; no other fees should be included*): \$ _____
- 13.) Have you applied for any other forms of tuition assistance? ☐ Yes ☐ No
- If yes, from where (school, organization, church, etc...)?
- _____
- _____
- _____

STUDENT C

- 1.) Full Name _____
- 2.) Is your child at least 3 yrs of age: ☐ Yes ☐ No
- 3.) Relationship to the guardian: ☐ Child ☐ Stepchild ☐ Other: _____
- 4.) Gender: ☐ Male ☐ Female
- 5.) Date of Birth (MM/DD/YY): ____/____/____
- 6.) Was this child a pre-K student in Pennsylvania in 22-23? ☐ Yes ☐ No
- 7.) School attended last year: _____
- 8.) Residing Public School District for last year: _____
- 9.) School enrolled for 2023-2024 school year: _____
- 10.) Residing Public School District 2023-2024: _____
- 11.) Race (optional) ☐ Caucasian ☐ Hispanic ☐ African American ☐ Asian ☐ Other: _____
- 12.) Tuition Rate for school currently enrolled in for the 2023-24 school year (*do not include fundraising fees or extra service fees – this is school tuition only; no other fees should be included*): \$ _____

13.) Have you applied for any other forms of tuition assistance? ☐ Yes ☐ No

If yes, from where (school, organization, church, etc....)?

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

E. CERTIFICATION

I (we) hereby 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 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 is 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.

Primary Parent/Guardian Signature

2nd Parent/Guardian Signature

Date