

Go Forward Education Foundation, Inc.

Scholarship Application

Please note: application must be filled out by applicant if age 12 or more; may be filled out by parent or guardian if age 11 or under

Must be received or postmarked by April 30, 2018

Completed application must include:

- *completed application*
- *copy of transcripts*
- *parent essay*
- *student essay*
- *two (2) letters of recommendation-one from church leader where you are a member; one from school leader*
- *copy of first page of tax return showing adjusted gross income for preceding year*

Student Information

Student Name: _____ (please print)

Address: _____

City _____ State _____ Zip _____

County _____ Name of School District _____

Phone: _____ Date of Birth: _____

Do you reside within the boundaries of a low achieving school? Yes ___ No ___

Name of Low Achieving School you would be attending if not attending private school?

Are you a legal citizen of the United States? ___ Yes ___ No

Name of School you are planning to attend next year (**must be a Christian School**):

Address: _____

City _____ State _____

Zip Code _____ Phone (_____) _____ - _____

Name of Principal/School Administrator _____

Title: _____

Is this school approved to receive students with OSTC scholarships? Yes ___ No ___

Grade to which you are being promoted in the Fall? _____

Are you an LFCA Alumni? Yes ___ No ___ If yes, dates of attendance: _____ to _____

Academic Information

Current School Information

Name of Current or Most Recently Attended School:

Address _____

City _____

State _____ Zip Code _____ Phone _____

Expected Graduation Date _____

Cumulative Grade Point Average (GPA) on a 4.0 scale

ACT Comp _____ SAT Verbal _____ SAT Math _____

Please attach transcripts or report cards with grades from last year and current year.

Scholastic Honors/Awards Received in School

Honor _____ School _____ Year _____

Honor _____ School _____ Year _____

Honor _____ School _____ Year _____

Honor _____ School _____ Year _____

Significant Activities

School Activities: Please include grade level, time spent and position held.

Church/Community Activities: Please include grade level, time spent and position held.

Name and Address of Church or organization where service is/was performed :

Phone Number: _____

Contact Person: _____

Are you a member? _____ *Yes* _____ *No*

Community Activities: Please include grade level, time spent and position held.

Personal Essay

Parents: Please write an essay (typewritten preferred) of at least 250 words but not to exceed 1000 words. Describe: 1) Describe your family/religious background; 2) and, your thoughts about the Apostle's Creed (see below) and how it conforms to or differs from your understanding of Christianity.

Students 12 years and older: Please write an essay (typewritten preferred) of at least 250 words but not to exceed 1000 words. Describe: 1) how the scholarship will benefit you and your family and your goals and objectives for school/college; 2) and, is a Christian education important? Why or why not?

The Apostle's Creed

I believe in God the Father, Almighty, Maker of heaven and earth; And in Jesus Christ, his only begotten Son, our Lord; Who was conceived by the Holy Ghost, born of the Virgin Mary; suffered under Pontius Pilate; was crucified, died and buried: He descended into hell. The third day he rose again from the dead; He ascended into heaven, and sits at the right hand of God the Father Almighty. From thence he shall come to judge the living and the dead; I believe in the Holy Ghost; I believe in the universal church; the communion of saints; the forgiveness of sins; the resurrection of the body; and the life everlasting. Amen.

Letters of Recommendation

Please forward two (2) letters of recommendation along with your application, one from a church leader where you attend church; and one from a school administrator or teacher where you currently attend school. **Students enrolling in kindergarten for the upcoming school year will only require one letter of recommendation from a church leader.**

Please check the type of scholarship for which you are applying:

****NATIONAL SCHOLARSHIP*** _____

****All applicants within the United States, regardless of state residence, are eligible to apply for a National Scholarship, which has no state residence limitations.***

*****OPPORTUNITY SCHOLARSHIP TAX CREDIT (OSTC)*** _____ ***(Pennsylvania residents only)***

*****EDUCATIONAL IMPROVEMENT TAX CREDIT (EITC)*** _____ ***(Pennsylvania residents only)***

*****If you are a Pennsylvania resident and you reside within the attendance boundary of a low-performing school, please visit <http://www.newpa.com> to see if you are eligible for Opportunity Scholarship Tax Credit (OSTC) funds or EITC funds. If so, please provide a copy of the letter from your public school or district indicating they are a designated low-performing school. Also, please provide all other necessary documentation that the Opportunity Scholarship Tax Credit program requires including income verification.***

Household Income Level

(See Household Income Levels*)

\$ _____

*Household Income Levels:

Under \$15,000
\$15,000 to \$24,999
\$25,000 to \$34,999
\$35,000 to \$49,999
\$50,000 to \$74,999
\$75,000 to \$99,999
\$100,000 to \$149,999
\$150,000 and over

PLEASE PROVIDE A COPY OF YOUR TAX RETURN THAT SHOWS YOUR ADJUSTED GROSS INCOME FOR THE PRECEDING YEAR. If you did not file your taxes, please provide other income verification. Your application will not be processed without verification of income. Thank you!

Terms and Conditions of Go Forward Education Foundation, Inc. Scholarship

Availability:

To all students in grades **K-12** who desire to attend a Christian school and whose family has shown a commitment to Christian education.

Selection:

Selected by the Board of Trustees of Go Forward Education Foundation, Inc.

Eligibility:

1. Must be a Christian
2. Must be a U.S. Citizen
3. Must be applying to a Christian school
4. Grades
5. Community Service and/or Church Service of child/parent
6. Written essay from both parent(s) and child

Renewal Criteria:

1. Maintain at least a 2.00 cumulative grade point average per academic year
2. Complete the academic school year in good standing (administrator's letter of recommendation).

How the award is applied:

The scholarship may be paid to your child's school in one (1) or two (2) installments. After the Board's determination, GFEF, Inc. will send a check payable to your child's school for half the amount of the scholarship on or before September 1, of the upcoming school year. This will go toward the cost of tuition for the first half of the year (August through December), hereinafter referred to as First Semester. The second installment will be paid to your child's school on or before December 31, of the upcoming school year. This will go toward the cost of tuition for the second half of the school year (January through June), hereinafter referred to as Second Semester. Or, the Board may decide to make both installments on or before September 1, of the upcoming school year, at their discretion.

Withdrawal Policy:

If a student withdraws on or after the first day of classes begin in a semester, the student forfeits that semester of scholarship eligibility. The school shall return the scholarship to GFEF, Inc. at a prorated monthly rate. That is, the total amount of the scholarship divided by the number of months in the semester, less the number of months already attended in that semester.

By signing this form, you are agreeing to allow GFEF, Inc. to use photos, video and comments of applicant or parent(s) of applicant on flyers, brochures, website, videos, and other promotional materials.

I have read and understand the above Terms and Conditions of my child being awarded a Go Forward Education Foundation, Inc. Scholarship.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Student
Signature _____ Date _____

FOR SCHOOL ADMINISTRATOR:

Has your school been approved to receive OSTC (Opportunity Scholarship Tax Credit) scholarship students? YES _____ NO _____

School Administrator's Printed Name _____

School Administrator's Signature _____ Date _____

School Name and address where check will be mailed:

School Name _____

ATTENTION: *(name of individual at the school to whose attention check should be sent)*

Address _____

City _____ State _____ Zip _____

Date _____ Phone _____

Send completed application to:

Go Forward Education Foundation, Inc.

PO Box 1307

Newtown, PA 18940

or you may fax your application to: 215-860-7870

Questions? Call 215-860-7800 or contact us at: www.goforwardeducation.org