

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

**Must be received or postmarked by April 30, 2024**

## **Availability:**

This scholarship is available to all students in grades **K-12** who desire to attend a better-performing school. While all students may apply, we will give preference to those students who both reside within the boundaries of a low-performing school district and those who are also applying to Christian schools.

## **Selection:**

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

## **Eligibility:**

1. Must be a U.S. Citizen
2. Must be applying to a school that charges tuition
3. Students applying to Christian schools will be given preference
4. Grades
5. Community Service and/or Church Service of child
6. Written essay from both parent(s) and child
7. All students who apply will be considered regardless of religion

## **Students Who Are Re-applying:**

1. Must have maintained at least a 2.00 cumulative grade point average last 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.

## **Personal Essay**

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

**Students 13 years and older:** Please write an essay (typewritten preferred) of at least 250 words but not to exceed 1000 words. **Answer the following three questions:** 1) How will the scholarship benefit you and your family? 2) What are your goals and objectives for school/college? 3) 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.**

*\*\*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. If you cannot obtain a letter from your public school or district, please visit [dced.gov.pa](http://dced.gov.pa) and print out **only the one page** that shows your school listed as a low-performing school and send it in with your application. Also, please provide all other necessary documentation that the Opportunity Scholarship Tax Credit (OSTC) or Educational Improvement Tax Credit (EITC) program requires including **income verification**.*

**PLEASE KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE.**

# Go Forward Education Foundation, Inc.

## Scholarship Application

Please note: application must be filled out by applicant if age 13 or older; may be filled out by parent or guardian if age 12 or under.

**Must be received or postmarked by April 30, 2024**

Completed application must include:

- completed application
- copy of report cards or transcripts (last year's final report card AND this year's latest report card)
- parent essay (this is not needed if your child was awarded a previous GFEF scholarship)
- student essay (students who are 13 years old and older must write an essay, see page 2; this is not required if your child was awarded a previous GFEF scholarship)
- two (2) letters of recommendation (one from church leader where you are a member; one from school leader or teacher)
- copy of first page of tax return showing adjusted gross income for preceding year
- proof of low performing school (download page with your school's name from [dced.gov.pa](http://dced.gov.pa))

### Student Information

Date \_\_\_\_\_

Student Name: \_\_\_\_\_ (please print)

Address \_\_\_\_\_

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

County \_\_\_\_\_ Phone \_\_\_\_\_

Name of School District \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

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

Name of your neighborhood school you would be attending if not attending private school?

If you reside within the boundaries of a low-performing school:

- 1) Please locate the list of Pennsylvania's Low Performing Schools found at [dced.gov.pa](http://dced.gov.pa)
- 2) Locate your neighborhood school on this list
- 3) Circle or highlight your neighborhood school
- 4) Submit a copy of this page with your application.

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

Grade to which you are being promoted in the fall? \_\_\_\_\_

Were you ever awarded one of our scholarships? Y\_\_\_N\_\_\_ If yes, what year(s)? \_\_\_\_\_

**If yes, you DO NOT need to submit a parent essay or student essay with this application. Additionally, you only need to submit ONE letter of recommendation (from your school) as well as a final report card from last year and your most recent report card from this year. The rest of the application must be filled out.**

Please select the one type of scholarship for which you are applying:

\_\_OSTC: must meet household income guidelines and student must reside within the boundaries of a low-performing school in Pennsylvania.

\_\_EITC: must meet household income guidelines; student can reside anywhere in Pennsylvania.

\_\_NAT'L: there are no household income guidelines and student can reside anywhere in the US.

### Academic Information

#### *Current School Information*

Name of Current or Most Recently Attended School:

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

**Please attach a final report card or transcript from last school year and the most recent report card or transcript with grades from this current school year.**

\_\_\_\_\_

#### *Scholastic Honors/Awards Received in School*

*Note: Students entering grades K-2 (kindergarten through second) in the upcoming school year may skip this section.*

Honor/Award \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

Honor/Award \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

Honor/Award \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

Honor/Award \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

## Significant Activities

**NOTE: Students entering grades K-2 (kindergarten through second) in the upcoming school year may skip this page.**

*School Activities for Last Year and This Year: Please include school year, grade level, time spent, and position held.*

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

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*Name and Address of Church or organization where service(s) was performed:*

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*Address* \_\_\_\_\_

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

*Contact Person:* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Are you a member?* \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

Name of School you are planning to attend next year (**preference given if you're applying to a**

**Christian School**): \_\_\_\_\_

Address: \_\_\_\_\_

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

Zip Code \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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***FOR SCHOOL ADMINISTRATOR***

Has the school above been approved to receive OSTC (Opportunity Scholarship Tax Credit) or EITC (Educational Improvement Tax Credit) scholarship students? YES \_\_\_\_\_ NO \_\_\_\_\_

Is this the School Name and Address where check should be mailed if awarded? Yes \_\_\_ No \_\_\_

If yes, to whose ATTENTION should check be sent?

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

\_\_\_\_\_ Phone \_\_\_\_\_

If no, please provide name and address of school where check should be sent:

School Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Attention: \_\_\_\_\_

School Administrator's Printed Name \_\_\_\_\_

School Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Household Income Level

Please enter your 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!**

**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(s) \_\_\_\_\_

Parent Email Address(es):  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature(s):  
\_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Parent Mailing Information

Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Student  
Signature \_\_\_\_\_ Date \_\_\_\_\_

(age 13 and older)

**Send completed application to:  
Go Forward Education Foundation, Inc.  
PO Box 1307  
Newtown, PA 18940**

Questions? Call 215-860-7800 or contact us at: [www.goforwardeducation.org](http://www.goforwardeducation.org)