

PRE-K SCHOLARSHIP APPLICATION 2026/2027 SCHOOL YEAR

A. Parent/Guardian Information (Only for those who lived in the household for the majority of 2025)

1. First Parent/Guardian Name (first and last name): _____
2. Second Parent/Guardian Name (if applicable) (first and last name): _____
3. Street Address: _____ City: _____, PA ZIP: _____
4. County: _____
5. Primary Phone: (____) _____ 6. Email address: _____

B. Household Information (2025 Tax Year)

1. Total number of individuals that lived in the household in 2024 (breakdown of individuals below): _____
2. Total number of parents/guardians: _____
3. Total number of children: _____
4. Total number of "other" adults: _____
5. Total number of "other" individuals under 18 years old: _____

The total of #2, #3, #4 and #5 must add up to the total number of individuals in #1. If there were any other individuals that lived in the household in 2024 that were over 18 years old, they must also provide their 2024 Federal 1040 form.

6. Marital status of parents/guardians: Married Single Divorced (month/year) _____ Separated (month/year) _____

C. Income Information (2025 Tax Year) All adults that lived in the household in 2024 with the student MUST report their income on this application and attach their 2025 Federal 1040 form. Please contact your school if any person over the age of 18 does not have the required forms.

1. Adjusted Gross Income from 2024 Federal 1040:
 - a. 1st Parent/Guardian: _____ b. 2nd Parent/Guardian: _____
 - c. If filed joint tax return, please enter AGI here: _____
 - d. Other adults that lived in household in 2024: _____

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

1. Full Name: _____
2. Is your child at least 3 years of age? Yes No
3. Is your child enrolled in a Preschool or PRE-K program in the 2026-2027 school year? Yes No
4. Relationship to guardian: Child Stepchild Other _____
5. Date of Birth (Month/Day/Year): _____/_____/_____
6. School child is attending for 26/27 school year: _____ City: _____
7. Does the child have a disability? Yes No
8. Name of public school district: _____

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**