

# THE JOHN P. TRAMONTANO JR. FOUNDATION

(AKA-JOHN TRAMONTANO EDUCATION FOUNDATION-JTEF BINGO)

19 Wilcox Street Girard, PA. 16417

[www.JPTFoundation.com](http://www.JPTFoundation.com)

## Student Scholarship Application 2016-2017

(Only one student per application) (Photo copies of this form acceptable)

Application to be completed by the parents or legal guardian of the student.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade attending in school year 2016-2017 \_\_\_\_\_

School presently attending: \_\_\_\_\_

Name of the public, private or parochial school you would like to attend. List your top two choices.

School 1 \_\_\_\_\_ Annual Tuition \_\_\_\_\_

School 2 \_\_\_\_\_ Annual Tuition \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_

(complete) Home Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Yearly Family Income: \_\_\_\_\_ (Based on 2015 Tax Information)

Number of school age dependant children in your family. \_\_\_\_\_

### Agreement

I understand that if my child is selected, the scholarship award is paid directly to the school and is then applied to my tuition cost. I understand that the selection of the winning recipients is determined by a random lottery drawing of the qualified applicants conducted by the board members of the organization. I understand the school will be notified first by the Foundation of an award for my child.

The school will then send a letter of Verification of Enrollment and Attendance back to the Foundation. You will then receive written notification from the Foundation that your child has been selected for a scholarship award and the dollar amount of the award.

I do understand that if my child does not attend the designated school, or does not complete the school year at the designated school, the award will become null and void. The school will return any funds paid on behalf of my child to the Foundation. I am aware that this could result in my owing the school any tuition deficit.

I understand that all information regarding me or my child is kept confidential between the Foundation, the school and myself. I agree with the conditions defined here.

Parent or guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Questions? Email address: [jptfoundation@gmail.com](mailto:jptfoundation@gmail.com)

All Applications must be received by the Foundation by May 25, 2016 (at the address shown above)

Revised July 2015

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## SCHOOL VERIFICATION FORM

Use one form per family. (Photocopies of this form acceptable)

**SIGN AND DATE:** I \_\_\_\_\_ Parent or legal guardian  
(Signature) (circle one)

give my permission to the school to provide the foundation with tuition information regarding the current cost, balance owed on the account or amount of awards or grants from other financial sources. I understand this information is necessary for the foundation to determine the dollar amount to be awarded my child. The Foundation will only grant a dollar amount that does not exceed the current balance of the account to a maximum award of \$500.00. Only one award per family. I understand that all information here shall be kept confidential between the school, the foundation and myself.

For school use only.

School Name: \_\_\_\_\_ Phone \_\_\_\_\_

School Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Request from (parent/Guardian) Name: \_\_\_\_\_

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

Number of applications for the family : \_\_\_\_\_

Verification for Child NAMED: \_\_\_\_\_ Entering Grade \_\_\_\_\_

2nd Child NAMED: \_\_\_\_\_ Entering Grade \_\_\_\_\_

3rd Child NAMED: \_\_\_\_\_ Entering Grade \_\_\_\_\_

Our school has accepted the above student(s) for enrollment.....Yes \_\_\_\_\_ No \_\_\_\_\_

Comment:

Are the student(s) listed above qualified for free or reduced lunch program.....Yes \_\_\_\_\_ No \_\_\_\_\_

Comment:

Are the student(s) listed above recipients of other financial aid awards.....Yes \_\_\_\_\_ No \_\_\_\_\_

Comment:

### TUITION INFORMATION School Year 2016-2017

Cost for one child \_\_\_\_\_ 2nd child \_\_\_\_\_ 3rd child \_\_\_\_\_ 4th child \_\_\_\_\_

Tuition total \_\_\_\_\_ Total from other sources \_\_\_\_\_ Balance owed \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal or Authorized Representative

Title \_\_\_\_\_ Date \_\_\_\_\_

Please return all completed forms to: John Tramontano Education Foundation

19 Wicox St Girard, PA. 16417

Questions? Email address: [jptfoundation@gmail.com](mailto:jptfoundation@gmail.com)

**Deadline For Acceptance: May 1, 2016**

**School to Forward to JTEF by: May 25, 2016**