

## EITC Scholarship Funds Application Form

### Organization Contact Information

#### *Organization Information*

Organization Name:					
Legal Name:					
Tax ID:					
Address:					
City:		State:		ZIP code:	
Phone Number:		Web Address:			

#### *Head of Organization*

First Name:		Last Name:	
Title:			
Office Phone:		E-mail:	

#### *EITC Program Contact*

	Check here if same as head of organization (if same, leave below blank)		
First Name:		Last Name:	
Title:			
Office Phone:		E-mail:	

### Organizational Summary

Annual Budget:	
Number of Children Served Annually:	
Number of Children Qualified for EITC:	
Organization Mission & Vision:	

## **Request Summary**

Scholarship Amount Requested:			
Scholarship Start Date:		Scholarship End Date:	
Anticipated Number Served by EITC Program:			
How do you determine which children/families will be supported by EITC?			

## **Attachments**

*Help us learn more about your organization by including the following attachments. Please upload all documents in .PDF format.*

- Board of Directors List (submitted on organization letter head)
- Organization Annual Budget (Approved by BoD)
- Most Recent 990
- Most Recent Audited Financial Statement
- EITC 2019 Award Report (If you received an award last year, please provide a written update on the work)
- Additional Information (If you choose you may supply an annual report, program brochure, or other materials)

## **Acknowledgement**

By submitting this application, I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization is still in effect. If funding is awarded to this organization, it will be used only for charitable purpose and will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities. Furthermore, with this submission, I attest that this organization is free from discriminatory policy and practice.

Digital Signature: