

## 2025-2026 Application for Financial Assistance

This is an application for financial assistance that may be provided to students enrolled at DSECC. Additional forms may be necessary for enrollment in the programs. To complete this application, families must provide all requested information including a copy of the <u>first two pages of the 1040</u> filed for the previous year (2024) for all household members.

## **Student Applicant information:**

| Studen | t 1:                                      |                        |
|--------|---|------------------------|
|        | Full Name                                 |                        |
|        |   | Social Security Number |
|        | Grade or program for the application year |                        |
| Studen | t 2:                                      |                        |
|        | Full Name                                 |                        |
|        | Date of Birth                             | Social Security Number |
|        | Grade or program for the application year |                        |
| Studen | t 3:                                      |                        |
|        | Full Name                                 |                        |
|        | Date of Birth                             | Social Security Number |
|        | Grade or program for the application year |                        |
| Studen | t 4:                                      |                        |
|        | Full Name                                 |                        |
|        | Date of Birth                             | Social Security Number |
|        |   |                        |
| Studen | t 5:                                      |                        |
|        | Full Name                                 |                        |
|        |   | Social Security Number |
|        | Grade or program for the application year |                        |



## **Household information:**

| Total number of people living in the househo   | old including all s | student applicants:                |
|--|---------------------|------------------------------------|
| Please Identify any individuals not listed abo | ve.                 |                                    |
| Full Name                                      |                     | Relationship to Student applicants |
|  |                     |                                    |
|  |                     |                                    |
|  |                     |                                    |
|  |                     |                                    |
|  |                     |                                    |
|  |                     |                                    |
|  |                     |                                    |
|  |                     |                                    |
|  |                     |                                    |
|  |                     |                                    |
| Household Address:                             |                     |                                    |
| Street   |                     | APT                                |
| City   |                     |                                    |
|  |                     |                                    |
| Identify the Legal Guardians:                  |                     |                                    |
| Parent/Guardian 1                              |                     |                                    |
| Full Name                                      |                     |                                    |
| Address if different from above                |                     |                                    |
| Email Address                                  |                     |                                    |
| Parent/Guardian 2                              |                     |                                    |
| Full Name                                      |                     |                                    |
| Address if different from above                |                     |                                    |

Email Address\_\_\_\_\_

## **Eligibility Criteria:**

**Income Guidelines** 

This chart indicates the maximum earned income for qualification in all financial assistance programs in which Diamond Street Participates for the 2025-26 school year.

DSECC – Internal scholarship fund created through private donations earmarked for scholarships. EITC – Educational Improvement Tax Credit (available to PA registered businesses and individuals connected to PA registered businesses)

PKC – Pre-K Counts (free preschool available for qualifying families during the school year)

CCW - Childcare Works subsidies available through the Early Learning Resource Center

CACFP – Child and Adult Care Food Program. Free and reduced meal options for eligible children

For more information please visit the parent toolkit on our website diamondstreet.org

|            | Family of 2 | Family of 3 | Family of 4 | Family of 5 | Family of 6 | Family of 7 |
|------------|-------------|-------------|-------------|-------------|-------------|-------------|
| DSECC      | \$112,348   | \$132,123   | \$151,898   | \$171,673   | \$191,448   | \$211,223   |
| EITC       | \$112,348   | \$132,123   | \$151,898   | \$171,673   | \$191,448   | \$211,223   |
| PKC        | \$61,320    | \$77,460    | \$93,600    | \$109,740   | \$125,880   | \$142,020   |
| CCW        | \$40,880    | \$51,640    | \$62,400    | \$73,160    | \$83,920    | \$94,680    |
| CACFP Red. | \$37,814    | \$47,767    | \$57,720    | \$67,673    | \$77,626    | \$87,579    |
| CACFP Free | \$26,573    | \$33,567    | \$40,561    | \$47,555    | \$54,549    | \$61,543    |

| Indicate your household total gross adjusted income for 2024:   |   |
|---|---|
| Have you applied for Childcare Works (CCW) from the Early Learning Resource Center (ELRC)? Y  | N |
| If no, please provide reason:   |   |
|   |   |
| Other Considerations:   |   |
| Please explain anything you would like us to consider in determining financial assistance. Include a family circumstances that contribute to your need such as unemployment, homelessness or major illnesses of family members. |   |
|   |   |
|   |   |
|   |   |



| tification:   |  |
|---|--|
| undersigned parents/guardians of the students listed tained in this application is true and correct to the bodies of federal income tax return(s) form 1040 are trunorized to maintain this information on file for as lonuired by the financial assistance organization or by land | nest of their knowledge and the accompanying are and correct copies of the originals. DSECC is an as the child is enrolled in our program or as is |
| ent/Guardian 1:   | Date:  |
| ent/Guardian 2:   | Date:  |
| r DSECC use only:   |  |
| ate Application Received:   |  |
| ate Application Processed:  |  |
|   | mily notified of award end:  |
| ljustments and final reporting:   | ,  |