



Application for Student Enrollment

**Please submit your completed application to Chester County Futures by
May 15, 2020**

All three of the following must be included:

- Parent Application including:
 - Income Verification
 - Total annual parental or guardian financial
 - Student Residency Verification
- Student Application including:
 - Two Teacher Recommendations provided by:
Teacher 1 _____
Teacher 2 _____



Parent Application

Name of Student: _____ **Date:** _____
 (Please Print)

Total Household Gross Income – Attach current income tax return (1040)

Name List everyone in household and the income each earns OR check the box at the right if they have no income	Include current pay stub		Welfare, Child Support, Alimony		Pension, Social Security Disability		Other income: self-employed, unemployment		Check if NO income ✓
Name	Gross Income	Frequency	Income	Frequency	Income	Frequency	Income	Frequency	

Total number in household: _____ Total amount of gross household annual income: _____

Name of Parent/Guardian: (Please Print) _____

Signature of Parent/Guardian: _____



The following documentations are needed to complete this application:

Documents:

Most Recent Income Tax Return (1040) _____
Last two pay stubs for parents/guardians in household _____

Copy of **one** of the following:

- Student Birth Certificate _____
- Current Green Card _____
- Social Security Card _____
- Passport with Current Visa _____

Please answer all questions thoroughly and attach the necessary documentation. Email all portions of the completed application and documentation to mwilliams@ccfutures.org or mail to 50 South 1st. Avenue, Suite 105, Coatesville, PA 19320 by:

May 15, 2020

Upon receipt of the completed application:

- Chester County Futures (Futures) staff will set up phone interviews to determine student eligibility for the program.
- If a student is accepted into Futures, the parent and student will receive a notice in writing.
- A representative from Futures may be in touch with you if there are any questions regarding this application.



Sample Documents Needed With Complete Application

1040 Department of the Treasury—Internal Revenue Service **2013** U.S. Individual Income Tax Return OMB No. 1545-0074 IRB Use Only—Do not write or staple in this space.

Your first name and initial: **CLIFFORD J**
 If a joint return, spouse's first name and initial: **STEPHANIE R**
 Last name: **RAVENS CRAFT, II**
 Last name: **RAVENS CRAFT**
 Home address (number and street), if you have a P.O. box, see instructions.
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
 Foreign country name: Foreign province/state/country: Foreign postal code:

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here.
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
 5 Qualifying widow(er) with dependent child

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse
 c Dependents:
 (i) First name Last name (ii) Dependent's social security number (iii) Dependent's relationship to you (iv) If child under age 17 qualifying for child tax credit (see instructions)
 RAVENS CRAFT Son
 RAVENS CRAFT Daughter
 RAVENS CRAFT Daughter
 Add number of exemptions claimed above: **5**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2: **122,292.**
 8a Taxable interest. Attach Schedule B if required: **40.**
 9a Ordinary dividends. Attach Schedule B if required: **50.**
 10 Qualified dividends: **50.**
 11 Taxable refunds, credits, or offsets of state and local income taxes: **10.**
 12 Business income or (loss). Attach Schedule C or C-EZ: **12.**
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here:
 14 Other gains or (losses). Attach Form 4797: **14.**
 15a IRA distributions: **15a.** b Taxable amount: **15b.**
 16a Pensions and annuities: **16a.** b Taxable amount: **16b.**
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: **156,941.**
 18 Farm income or (loss). Attach Schedule F: **18.**
 19 Unemployment compensation: **19.**
 20a Social security benefits: **20a.** b Taxable amount: **20b.**
 21 Other income. List type and amount: **21.**
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income: **22. 279,273.**

Adjusted Gross Income
 23 Educator expenses: **23.**
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ: **24.**
 25 Health savings account deduction. Attach Form 8889: **25.**
 26 Moving expenses. Attach Form 3903: **26.**
 27 Deductible part of self-employment tax. Attach Schedule SE: **27.**
 28 Self-employed SEP, SIMPLE, and qualified plans: **28.**
 29 Self-employed health insurance deduction: **29.**
 30 Penalty on early withdrawal of savings: **30.**
 31a Alimony paid b Recipient's SSN: **31a.**
 32 IRA deduction: **32.**
 33 Student loan interest deduction: **33.**
 34 Tuition and fees. Attach Form 8917: **34.**
 35 Domestic production activities deduction. Attach Form 8803: **35.**
 36 Add lines 23 through 35: **36.**
 37 Subtract line 36 from line 22. This is your adjusted gross income: **37. 279,273.**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA REV 03/09/14 PRO Form 1040 (2013)

W-2 Wage and Tax Statement 2017
 Department of the Treasury—Internal Revenue Service
 Copy 1—For State, City, or Local Tax Department

2222	a Employee's social security number 123-45-6789	OMB No. 1545-0008
b Employer identification number (EIN) 55-5765489	1 Wages, tips, other compensation 48,500.00	2 Federal income tax withheld 6,835.00
c Employer's name, address, and ZIP code The Big Company 12 Main Street Anywhere, NC 28111	3 Social security wages 50,000.00	4 Social security tax withheld 3,100.00
d Control number A1B2	5 Medicare wages and tips 50,000.00	6 Medicare tax withheld 725.00
e Employee's first name and initial Last name Jane A. Doe 123 Elm Street Anywhere Else, PA 17111	7 Social security tips	8 Allocated tips
f Employee's address and ZIP code	9 Verification code	10 Dependent care benefits
15 State Employee's state ID number PA 124578	16 State wages, tips, etc. 50,000.00	17 State income tax 1,535.00
	18 Local wages, tips, etc. 50,000.00	19 Local income tax 750.00
		20 Locality name AW

Sample Company Name, Sample Company Address, 96220 **EARNINGS STATEMENT**

EMPLOYEE NAME	SOCIAL SEC. ID	EMPLOYEE ID	CHECK No.	PAY PERIOD	PAY DATE	
James Robert	XXX-XX-6665	454545	259248	01/23/14-01/29/14	01/31/14	
INCOME	RATE	HOURS	CURRENT TOTAL	DEDUCTIONS	CURRENT TOTAL	YEAR-TO-DATE
GROSS WAGES			1,000.00	FICA MED TAX FICA SS TAX FED TAX CA ST TAX SDI	14.50 62.00 159.50 44.26 10.00	72.50 310.00 797.48 221.31 50.00
YTD GROSS	5,000.00		YTD DEDUCTIONS 1,451.28		YTD NET PAY 3,548.72	TOTAL 1,000.00
					DEDUCTIONS 290.26	NET PAY 709.74



Student's Name: _____ **Date of birth:** ____/____/____

Parent/Guardian Information:

Name of Parent/Guardian(s): (Please print)	Address
_____	_____
_____	_____

How many Parents/Guardians live in the home? _____

Phone:

Mother: Home: _____	Cell: _____	Email: _____
Father: Home: _____	Cell: _____	Email: _____
Student: Home: _____	Cell: _____	Email: _____

Mother/Guardian's highest level of education completed: (Please check)

Elementary: ____ Middle School: ____ High School: ____ Technical School: ____ College: ____
 Graduate School: ____

Degree received? Yes ____ No ____ If yes, list degree: _____

Father/Guardian's highest level of education completed: (Please check)

Elementary: ____ Middle School: ____ High School: ____ Technical School: ____ College: ____
 Graduate School: ____

Degree received? Yes ____ No ____ If yes, list degree: _____

Please list all members of your household and their relationship to the student:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

What is the primary language spoken in the household? _____

Do you have access to the Internet in your household (Please circle)? Yes or No

Are any of these technology devices used in the home? (Check all that apply)

__ Ipad __ Smart Phone __ Computer __ Other: _____



Ethnicity:

- Hispanic
- Caucasian
- African American
- Asian
- Native American
- Other: _____

Parent/Guardian place of employment, if applicable:

Mother: _____

Work Phone Number: _____

If necessary, may we call you at work? Yes No

Father: _____

Work Phone Number: _____

If necessary, may we call you at work? Yes No

How do you expect Chester County Futures to help your son or daughter?



Parent/Guardian Release of School Records

Date: _____

Please complete and sign the form below giving authorized Futures' staff access to review your child's school records. Review is required in order for a student to be considered for the Chester County Futures program.

Please Print

Student: _____
Last Name First Name Middle Name

Student's Date of Birth: _____

I hereby authorize the _____ to release all school records, or copies
(School District)
of records, for the above named student.

- **Information received shall remain in strict confidence and shall be used by professional staff and, if assigned, the student's mentor only.**
- **This release form shall remain in effect throughout the student's participation in the Chester County Futures' program.**

Student Signature: _____ Date: _____

Name of Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____



Student Application

Congratulations!

You have been nominated for the Chester County Futures program. Chester County Futures (Futures) is an academic enrichment, mentoring and post-secondary scholarship program that is offered to students like you who are motivated and wish to attend college or technical school.

We would like to get to know you! What are your interests, who are you, what inspires you, and who do you look up to in your life? Please answer all questions thoroughly.

Your Name: _____

Please write three words that best describe you:

Your Middle School:

Your Home Phone: _____ Your Cell Phone: _____

Your E-mail: _____



Student Questionnaire

Student Name: _____ Date: _____

Please print clearly (you may use additional paper if you need more space)

Please give a brief explanation of how participating in Chester County Futures will help you to succeed?

Please tell us something that you would like us to know about you.

Why is attending college or technical school important to you?

Are you involved in any activities or clubs in school or in your community? Please describe.



Student Questionnaire (Continued)

What is your favorite subject in school and why?

What is your least favorite subject in school and why?

What do you do in your spare time?

What person in your life has had the greatest influence on you? Why?



Student Questionnaire (Continued)

What career field(s) interest you and why?

Chester County Futures requires a significant commitment on the student's part. If you are accepted into the program, you must attend weekly after-school meetings.

Will you be able to make that commitment? _____ Yes _____ No _____ Maybe

Please explain your answer:

Please tell us any additional information about yourself that you would like us to know. (Please use additional paper if necessary.)



Student Questionnaire (Continued)

Academic and Program Standards for Chester County Futures

1. Maintain a minimum "C" average in all classes.
2. Attend school.
3. Attend all Chester County Futures meetings.
4. Display mature and respectful conduct in and out of classroom.
5. Attend all Chester County Futures student special events.
6. Participate in at least one community volunteer activity event per year.

Student Signature: _____ **Date:** _____