



COMMON WEALTH
CHARITABLE MANAGEMENT

CAREER & TECHNOLOGY CENTER SCHOLARSHIPS

NOW AVAILABLE!

FIRST COME,
FIRST SERVED.
APPLY NOW!

To be eligible for this scholarship, students must reside in Pennsylvania and in a household with an adjusted gross income of **up to \$112,300** plus \$19,700 for each dependent listed on the family federal 1040 tax return.

Students in 9th through 12th grade in the 2025-2026 school year are eligible. The number of scholarships is limited.

3 UPLOAD A COPY OF THE 2024 1040 FEDERAL TAX RETURN

Upload a copy of the 2024 1040 Federal tax return of the **person who claimed the student as a dependent. Include the entire page that lists the year of filing, filers names, dependents that list the applicant and adjusted gross income.** Applications will not be processed without this information. For special circumstances, please contact applicant@commonwealthcharitable.org.

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IT'S EASY TO APPLY!
GO TO: [APPLY.EITCNOW.ORG](https://apply.eitcnnow.org)



COMMON WEALTH
CHARITABLE MANAGEMENT

Log in or register

Email

[Continue](#)

Commonwealth Charitable Management

Parents - start here

- 1 Register for an account. The parent or guardian must enter a valid email address to create an account. You will receive an email with a code.
 - 2 Create an account using a valid email address for the parent or guardian. All correspondence will be done via email.
 - 3 Click Submit when your application is complete.
 - 4 Incomplete applications will be removed from the system.
 - 5 All information submitted will remain confidential.
- For any questions, please contact us via [email](mailto:applicant@commonwealthcharitable.org)

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COMPLETE THE SHORT
ONLINE APPLICATION

Submit a separate application for every student.

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **2024** DMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.
For the year Jan. 1–Dec. 31, 2024, or other tax year beginning 2024, ending 2024

Your first name and middle initial Last name Your social security number
If joint return, spouse's first name and middle initial Last name Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ Yes ☐ Spouse
Foreign country name Foreign province/state/country Foreign postal code ☐ Yes ☐ Spouse

Filing Status
Check only one box.
☐ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS)
☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☐ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1960 ☐ Are blind ☐ Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):
If more than four dependents, see instructions and check here ☐

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Income
1a Total amount from Form(s) W-2, box 1 (see instructions) 1a
b Household employee wages not reported on Form(s) W-2 1b
c Tip income not reported on line 1a (see instructions) 1c
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d
e Taxable dependent care benefits from Form 2441, line 26 1e
f Employer-provided adoption benefits from Form 8839, line 29 1f
g Wages from Form 9919, line 6 1g
h Other earned income (see instructions) 1h
i Nontaxable combat pay election (see instructions) 1i
z Add lines 1a through 1h 1z

Attach Form(s) W-2 here. Also attach Forms W-2 and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

| 2a | 2b | 3a | 3b | 4a | 4b | 5a | 5b | 6a | 6b | 7 | 8 | 9 | 10 | 11 | 12 |
|---------------------|------------------|---------------------|--------------------|-------------------|----------------|------------------------|----------------|--------------------------|----------------|--|--|--|--|---|----|
| Tax-exempt interest | Taxable interest | Qualified dividends | Ordinary dividends | IRA distributions | Taxable amount | Pensions and annuities | Taxable amount | Social security benefits | Taxable amount | Capital gain or (loss). Attach Schedule D if required. If not required, check here | Additional income from Schedule 1, line 10 | Adjusted gross income from Schedule 1, line 26 | Subtract line 10 from line 9. This is your adjusted gross income | Standard deduction or itemized deductions (from Schedule A) | |

Standard Deduction for—
• Single or Married filing separately, \$14,600
• Married filing jointly or Qualifying surviving spouse, \$29,200
• Head of household, \$21,900
• If you checked ☐ Yes on line 11, enter the amount from Form 1040-SS, line 10

applicant@commonwealthcharitable.org