# THE JPT FOUNDATION

(AKA-JOHN TRAMONTANO EDUCATION FOUNDATION-JTEF BINGO)

19 Wilcox Street Girard, PA. 16417 www.JPTFoundation.com Grades K - 8th SCHOLARSHIP PROGRAM (Photocopies of this form acceptable)

The John P. Tramontano Jr. The Education Foundation (now known as John P. Tramontano Jr.Foundation) was established in 1999 to provide scholarships to grade school students so they can attend a school of their choice. Mr. Tramontano was a staunch advocate of education. He believed that education is the foundation of every child's future regardless of their economic situation and has a right to a good education. His family carries on his commitment.

| Eligibility  | Students must reside in Erie County, Pennsylvania. Open to all students. Students must be enrolled in the school listed on the application and be entering K through 8th grade only. A commitment to fulfill the school year.  |
|--------------|--|
| Awards:      | Scholarships are awarded to the qualified applicants by a random lottery drawing held at the June board meeting of the Foundation. The number of scholarships to be awarded each year is determined by the number of funds raised by JTEF BINGO and or any private donations received by the Foundation. A new application is required each school year.   |
| Applications | Applications are available from March 1st through May 31st of each year.<br>They can be obtained from your school office or the JPT Foundation.<br>Submit one application form for each student to be considered. Return the completed form/s to the<br>school office by May 26, 2023. Read and sign the School Verification form. Only one verification form<br>per family is necessary. The school will forward all applications and verification forms to the<br>foundation by the June 9, 2023 deadline. |
| Notification | In June, following the completion of the lottery drawing at the June board meeting, a letter is sent to the parent/guardian detailing the award following the notification of the school.  |
| Payment      | Payment is made about the second week of September following verification of the student's attendance in the school. Payment is made directly to the school on behalf of the child. Any overpayment shall be refunded to the Foundation. Should the scholarship become null and void for any reason, the funds will be returned to the foundation.   |
| Support      | Support the scholarship program by playing BINGO with us at JPT Event Center, Lake Erie Plaza, 2319 West 38th Street, Erie, PA 16509 on Monday, Wednesday, Thursday, and Saturday evenings. Doors open at 4:30 pm. Bingo starts at 6:00 pm. (Thursday mornings at 10:30 am) For information call (814) 881-1441.   |
| Questions?   | Email address: jptfoundation@gmail.com   |

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### Student Scholarship Application 2023-2024 (Only one student per application) (Photocopies of this form acceptable)

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

| Date of Birth:             | Grade attending                    | g in the school year 2023-2024            |
|----------------------------|------------------------------------|---|
|                            |                                    |   |
| School presently attending | g:                                 |   |
| Name of the public, priva  | te or parochial school you would l | ike 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 2022 Tax Information)           |
| Number of school-age de    | pendent 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 Foundation will first notify the school 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 for 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 my child or I is kept confidential between the Foundation, the school, and myself. I agree with the conditions defined here.
Parent or guardian's signature:
Date:

**RETURN THE COMPLETED FORM TO SCHOOL OFFICE** 

Questions? Email address: jptfoundation@gmail.com All Applications must be received by the Foundation by June 2, 2023 (at the address shown above)

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### www.JPTFoundation.com SCHOOL VERIFICATION FORM

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

#### **SIGN AND DATE:**

I \_\_\_\_\_\_\_\_ (Signature) Parent or legal guardian (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 to 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 on  | llý.   |
|--|--|--|
| School Name:   |  | Phone  |
|  |  | Zip Code:  |
| Contact Person:  |  | Title:   |
| Request from (parent/Guardia                               | n) Name:   |  |
|  | Address:   |  |
| Number of applications for the                             | e family :   |  |
| Verification for Child NAMEI                               | D:   | Entering Grade   |
|  |  | Entering Grade   |
|  |  | Entering Grade   |
| Our school has accepted the al<br>Comment:                 | bove student(s) for enrollment   | YesNo  |
| Are the student(a) listed above                            | reginights of other financial aid award  | la Vac Na  |
| Are the student(s) listed above<br>Comment:                | •  | lsYesNo  |
| Comment:   | TUITION INFORMATION Scho   | bol Year 2023-2024   |
| Comment:<br>Cost for one child                             | TUITION INFORMATION Scho<br>2nd child3rd cl  | ool Year 2023-2024<br>hild4th child  |
| Comment:<br>Cost for one child                             | TUITION INFORMATION Scho<br>2nd child3rd cl<br>Total from other sources  | bol Year 2023-2024<br>hild4th child<br>Balance owed  |
| Comment:<br>Cost for one child<br>Tuition total            | TUITION INFORMATION Scho<br>2nd child3rd cl<br>Total from other sources<br>Signature of Principal or Authoriz                                      | bol Year 2023-2024<br>hild4th child<br>Balance owed<br>zed Representative  |
| Comment:<br>Cost for one child<br>Tuition total            | TUITION INFORMATION Scho<br>2nd child3rd cl<br>Total from other sources  | bol Year 2023-2024<br>hild4th child<br>Balance owed<br>zed Representative  |
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| Comment:<br>Cost for one child<br>Tuition total<br><br>Tit | TUITION INFORMATION Scho<br>2nd child3rd cl<br>Total from other sources<br>Signature of Principal or Authoriz<br>cle<br>Please return all complete | bol Year 2023-2024<br>hild4th child<br>Balance owed<br>zed Representative<br><br>Date<br>d forms to:                               |
| Comment:<br>Cost for one child<br>Tuition total<br><br>Tit | TUITION INFORMATION Scho<br>2nd child3rd cl<br>Total from other sources<br>Signature of Principal or Authoriz                                      | bol Year 2023-2024<br>hild4th child<br>Balance owed<br>zed Representative<br><br>Date<br>d forms to:<br>Wilcox St Girard, PA 16417 |