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the Learning Lamp™

United Way

STANDARDS FOR EXCELLENCE

SEAL OF TRANSPARENCY PLATINUM GuideStar

We're lighting the way to a brighter future!

2025 Bedford Street ▪ Johnstown, PA 15904 ▪ 814-262-0732 ▪ Fax: 814-262-0837 ▪ thelearninglamp.org

Richland Academy Scholarship Application
2026-2027 School Year

This form is for all applicants. Applications MUST be completed in full on both sides.

A.) Parent/Guardian Information (only those residing in the student's household)

1.) _____ _____ _____ First Name Middle Initial Last Name **1st. Parent/Guardian's Name**	2.) _____ - _____ - _____ **Social Security #**
3.) _____ _____ _____ First Name Middle Initial Last Name **2nd. Parent/Guardian's Name**	4.) _____ - _____ - _____ **Social Security #**
5.) _____ **Address**	6.) _____ 7.) _____ 8.) _____ **City** **State** **Zip Code**
9.) ( ) _____ - _____ **Home Phone**	10.) ( ) _____ - _____ **Work Phone**
11.) **Email:** _____	12.) **Fax #** : _____

B. Household Information

1. Number of family members currently living in household:	2. Current marital status of 1st parent or guardian.	3.)Monthly rent/mortgage/other:
Parent/Guardian: _____ Children: _____ Other * : _____ *On a separate sheet identify other(s) and provide income verification.	Married ☐ Single ☐ Widowed ☐ Divorced ☐ (month/year) _____ Separated ☐ (Month/year) _____ Divorced/Remarried ☐ Other ☐ _____	Amount: $ _____ Rent ☐ Mortgage ☐ Section 8 Housing ☐ Other ☐

C. Income Information

All parents or guardians residing in the household with the student(s) MUST report income on this form and MUST attach a copy of their 2025 Federal Income Tax Return (Form 1040, Form 1040A or 1040EZ).

Income Sources	1st Parent/Guardian	2nd Parent/Guardian	Other
1.) Adjusted Gross Income from 2025 Federal return:			
2.) Social Security Benefits, SSI, or Disability			
3.) Any Additional Income			

(Please see reverse side)

D. STUDENT INFORMATION

STUDENT A

1.) Full Name_____ _____ _____

2.) Is your child at least 3 years of age: ☐ Yes ☐ No

3.) Social Security # _____-_____-_____

4.) Relationship to guardian: ☐ Child ☐ Stepchild ☐ Other:_____

5.) Gender: ☐ Male ☐ Female

6.) Date of Birth (MM/DD/YY): _____/____/_____

7.) Was this child a pre-K student in Pennsylvania in 2025? ☐ Yes ☐ No

8.) School attended in 2025: _____

9.) School City:_____

10.) School to attend in 2026-2027: _____

11.) School City:_____

12.) Race (optional) ☐ Caucasian ☐ Hispanic ☐ African American ☐ Asian ☐ Other:_____

STUDENT B

1.) Full Name_____ _____ _____

2.) Is your child at least 3 years of age: ☐ Yes ☐ No

3.) Social Security # _____-_____-_____

4.) Relationship to guardian: ☐ Child ☐ Stepchild ☐ Other:_____

5.) Gender: ☐ Male ☐ Female

6.) Date of Birth (MM/DD/YY): _____/____/_____

7.) Was this child a pre-K student in Pennsylvania in 2023? ☐ Yes ☐ No

8.) School attended in 2025: _____

9.) School City:_____

10.) School to attend in 2026-2027: _____

11.) School City:_____

12.) Race (optional) ☐ Caucasian ☐ Hispanic ☐ African American ☐ Asian ☐ Other:_____

E. CERTIFICATION

I (we) hereby agree that any tuition assistance awarded will be used exclusively for the payment of tuition to the program designated above. I (we) understand that tuition assistance is not guaranteed by completing this form. I (we) further agree to notify The Learning Lamp immediately should the student no longer be enrolled in said program for any reason. I (we) understand that the deliberate misrepresentation of the information may result in the scholarship being denied or revoked at any time.

_____ _____ _____

1st Parent/Guardian Signature | 2nd Parent/Guardian Signature | Date