COMMON WEALTH
CHARITABLE MANAGEMENT

DUAL ENROLLMENT 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 $116,000 plus $20,400 for each dependent listed on the family federal 1040 tax return.

Scholarships are available for high school students participating in dual enrollment. The number of scholarships is limited.

1 IT'S EASY TO APPLY!

GO TO: https://eitcnow.org/de
OR SCAN HERE:

COMMON WEALTH
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Dual Enrollment Scholarship Application

Use this application to apply for a dual enrollment scholarship. Select the school from which you received the brochure in the dropdown menu. Please submit your application as soon as possible. Your school may elect to close the program at any time.

Eligibility Requirements:

- Student must be a resident of Pennsylvania
- Reside in a household that meets Pennsylvania DCED income criteria listed on the brochure you received from the school.

To apply, complete all required fields, including the tax documentation attachment. **Upload the 2025 tax return of the person that claimed the child as a dependent, showing the number of dependents and adjusted gross income.**

There are a limited number of scholarships available per eligible school. Scholarships are awarded on a first come, first serve basis. If you do not see your school listed, check with your school for other scholarship opportunities.

Information provided in this application will remain confidential and used solely for the purpose of determining eligibility for a scholarship.

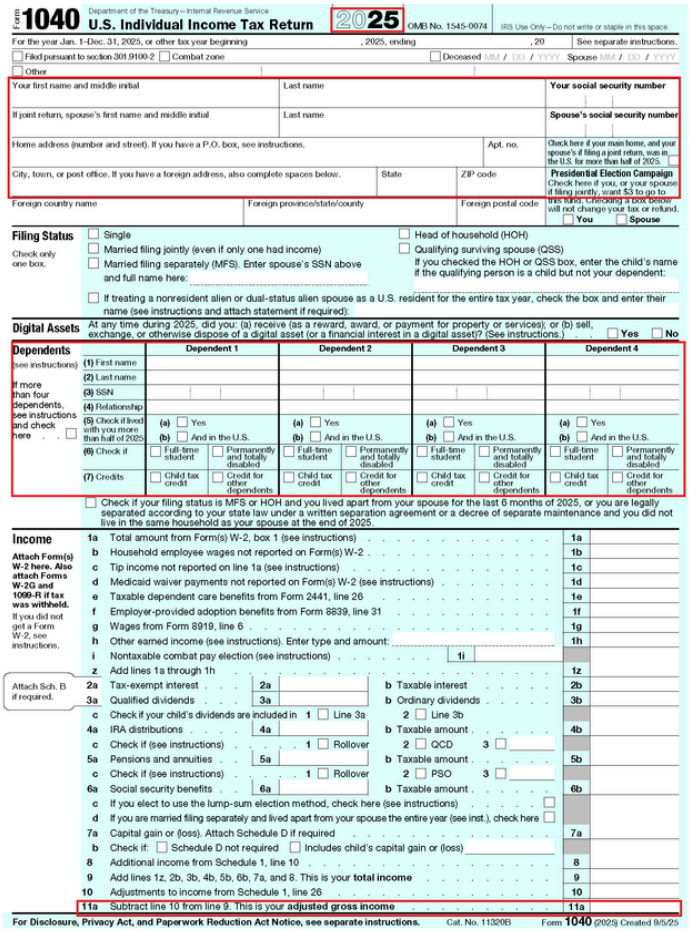
2 COMPLETE THE SHORT ONLINE APPLICATION

Submit a separate application for every student.

3 UPLOAD A COPY OF THE 2025 1040 FEDERAL TAX RETURN

Upload a copy of the 2025 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



Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** 2025 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased MM / DD / YYYY Spouse MM / DD / YYYY

☐ Other

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.	Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐
City, town, or post office. If you have a foreign address, also complete spaces below.	State / ZIP code	Presidential Election Campaign 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. ☐ You ☐ Spouse
Foreign country name	Foreign province/state/county / Foreign postal code	

Filing Status Check only one box.
☐ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS) 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 2025, 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

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

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

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

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 31		1f
g	Wages from Form 8919, line 6		1g
h	Other earned income (see instructions). Enter type and amount:		1h
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h		1z
2a	Tax-exempt interest	2a	b Taxable interest 2b
3a	Qualified dividends	3a	b Ordinary dividends 3b
c	Check if your child's dividends are included in 1 ☐ Line 3a		2 ☐ Line 3b
4a	IRA distributions	4a	b Taxable amount 4b
c	Check if (see instructions)	1 ☐ Rollover	2 ☐ QCD 3 ☐
5a	Pensions and annuities	5a	b Taxable amount 5b
c	Check if (see instructions)	1 ☐ Rollover	2 ☐ PSO 3 ☐
6a	Social security benefits	6a	b Taxable amount 6b
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐		
7a	Capital gain or (loss). Attach Schedule D if required		7a
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8	Additional income from Schedule 1, line 10		8
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**		9
10	Adjustments to income from Schedule 1, line 26		10
11a	Subtract line 10 from line 9. This is your **adjusted gross income**		11a

Attach Sch. B if required.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2025) Created 9/5/25