

Tuition Assistance Form

2016-2017



St. Frances Cabrini Academy
3022 Oregon Ave.
St. Louis, MO 63118

If the income documentation provided is not consistent with expenses listed, you will be contacted and required to provide additional information, including, but not limited to, forms to be completed and returned to St. Frances Cabrini Academy, and written statements of explanation.

This form must be completed no later than April 29, 2016

TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:

Please note the required tax year documentation.

1. Detailed copies of all pages and Schedules of your **2015** Federal Income Tax Return Form 1040, 1040A, or 1040EZ (as filed with the IRS) for individuals listed in Sections A and B. Recaps and/or Summary Forms are not acceptable. If you file Schedule A, C, E or F, you must provide copies. If you have not yet filed, or are not required to file a tax return, see the REQUIRED DOCUMENTATION section of the INSTRUCTIONS.
2. Copies of all **2015** W-2 Wage and Tax Statement Forms, all **2015** 1099/1099R for Interest/Dividends, Pensions/Annuities and/or Misc. Income Forms for individuals listed in Sections A and B (**Please make sure all documentation is copied on regular 8 ½ x 11 paper**).
3. Documentation of TOTAL AMOUNTS received in **2015** for all Non-Taxable Income (see Section G for specific requirements).
4. This application form filled out in its entirety, signed and dated by the Parent (s) or Guardian (s) listed in Sections A and B.

IMPORTANT: If the above items do not accompany this application, your application will not be considered complete.

Keep a copy of this completed application for your records.

Parent Last Name _____

Student Last Name _____

Student Aid Form • 2016-2017

• IMPORTANT: Print clearly and neatly with a ball point pen •

A PARENT, GUARDIAN or OTHER ADULT RESPONSIBLE FOR TUITION

Check one: Father Mother Stepfather Stepmother Other Adult

Last Name First Name MI

Social Security Number Age Home Phone

Address Apt.#

City State Zip

Work Phone Email Address

Employed By How long?

If you are self-employed, check this box and refer to Section K of this form.

B PARENT, GUARDIAN or OTHER ADULT RESIDING WITH PARENT A

Check one: Father Mother Stepfather Stepmother Other Adult

Last Name First Name MI

Social Security Number Age Home Phone

Address Apt.#

City State Zip

Work Phone Email Address

Employed By How long?

If you are self-employed, check this box and refer to Section K of this form.

C DEPENDENTS (DO NOT LEAVE BLANK)

Number of dependent children who will attend a tuition charging school: daycare, Pre-K, elementary school, or college in the fall of 2016. _____

Please list all dependent children in order of oldest to youngest, including college students. Indicate each dependent's relationship to Parent/Guardian A: child, foster child, grandchild, etc.

1	2	3	4	5	Dependent Last Name	Dependent First Name	MI	Age	Relationship to Parent/Guardian A	Name of school student plans to enter in the Fall of 2016 (Please do not abbreviate)	Grade in the Fall of 2016	Applying for Aid? (check one) YES NO	Amount I/We can pay toward tuition	Tuition charged yearly per student
1														
2														
3														
4														
5														

D HOUSEHOLD INFORMATION

1. Number of individuals who will reside in my/our household during the 2016-2017 school year:
Parents/Guardians _____ Children _____ Other* _____

*If Other, please explain relationship to Parent _____

2. Current marital status/housing arrangement of Parent/Guardian A:
a. Single, never Married* d. Divorced g. Residing w/Significant Other
b. Married e. Remarried* h. Other: _____
c. Widowed f. Separated*

*If Divorced, Remarried, Separated or Single, please complete Section E.

E

DIVORCED, SEPARATED OR SINGLE PARENTS (To be completed by Parent or Guardian listed in Section A)

- Date of separation (Month/Year) _____
- Date of divorce (Month/Year) _____
- Non-custodial parents name _____
- Do you receive or pay child support? Receive \$ _____ per year
 Pay \$ _____ per year
 Neither
- Who claimed student as a tax dependent in 2015? _____
- Who is responsible for the tuition for the dependent(s) listed in Section C?
 Father _____ % Name _____
 Mother _____ % Name _____
 Other _____ % Name _____

*If tuition is shared, each responsible party must complete a Student Aid Form.

F

TAXABLE INCOME

The 2015 federal tax return for student's household was

- Filed Not filed yet (See Required Documentation section)
 I/We do not file. I/We only receive non-taxable income

	Actual 2015	Estimate 2016
1. Total number of exemptions claimed on Federal Income Tax form:	_____	_____
2. Parent/Guardian A total taxable Income from W-2 wages.	_____	_____
3. Parent/Guardian B total taxable Income from W-2 wages.	_____	_____
4. Net business income* from self-Employment, rentals, and other busin. (*go to Section K)	_____	_____
5. Other non-work taxable income from Interest, unemployment, alimony, etc.	_____	_____
6. Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A or 1040EZ.	_____	_____
7. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A or 1040EZ.	_____	_____
8. Total Tax Paid as reported on your IRS 1040, 1040A or 1040EZ.	_____	_____
9. Medical/dental expenses as reported on Schedule A or your IRS 1040 form.	_____	_____

G

NON-TAXABLE INCOME

List the total amount received from 1/1/15-12/31/15 for all recipients in household. DO NOT list monthly amounts.

- Child support \$ _____ per year
 - Cash Assistance (TANF) \$ _____ per year
 - Food Stamps \$ _____ per year
a. Medicaid Received in 2015? Y/N _____
 - Social Security income (SSA/SSD, etc.) \$ _____ per year
a. Social Security Income \$ _____ per year
 - Student loans and/or grants received PARENT's education \$ _____ per year
a. Total received in 2015 \$ _____ per year
b. Total used for household \$ _____ per year
 - Housing Assistance (Sec. 8, HUD, etc.) \$ _____ per year
a. Religious Housing Assist. \$ _____ per year
 - Other non-taxable income (Worker's Comp., Disability, Pension Retirement, etc.) \$ _____ per year
 - Loans/Gifts from Friends or Relatives \$ _____ per year
 - Personal Savings/Investment Acct. used for household expenses \$ _____ per year
- Total non-taxable income 2015 \$ _____ per year

*You must provide 2015 YEAR_END documentation for Items listed in Sections F and G; either a Year-End Statement from the appropriate Public Agency, or documentation showing totals from 1/1/15-12/31/15.

H

HOUSING INFORMATION (DO NOT LEAVE BLANK)

- Do you rent or own your residence? Rent Own (go to line 3)
- If renting, what is the monthly rental payment? \$ _____
a. Amount paid by household \$ _____ per month
b. Amount paid by other source(s) \$ _____ per month
- If you own your residence:
a. What is the current market value? \$ _____
b. What is the amount still owed, including Home equity loans? \$ _____
c. What is the monthly mortgage payment? \$ _____ per month

I

ASSETS & INVESTMENTS (as of 12/31/15)

- Total amount in cash, checking and savings accounts \$ _____
- Total value of money market funds, mutual funds, etc. \$ _____
- Total value of IRA, 401K or other retirement accounts \$ _____
- If you own real estate other than your primary residence,
a. What is the fair market value? \$ _____
b. What is the amount still owed? \$ _____
- Do you own a business? Yes No (If Yes, please go to Section K)
a. What is the fair market value? \$ _____
b. What is the amount still owed? \$ _____

J

UNUSUAL CIRCUMSTANCES

Check all that apply to your situation within the past 12 months:

- Loss of job
- Recent separation/divorce
- Change in family living status
- Change in work status
- Bankruptcy
- College expenses
- Income reduction
- Illness or injury
- Death in the family
- Shared custody
- High debt
- Child support reduction
- Medical/Dental expenses
- Shared tuition
- Other (Explain in Section L)

K

BUSINESS INCOME ESTIMATE (2015 Totals) If you have not filed your 2014 Tax Return and are Self-Employed, Own a Business or Rental Property DO NOT LEAVE BLANK.

- | | Schedule C | Schedule E | Schedule F |
|--|------------|------------|------------|
| 1. What is your total estimated GROSS business taxable income? | \$ _____ | \$ _____ | \$ _____ |
| 2. What is your total NET business taxable income? | \$ _____ | \$ _____ | \$ _____ |
| 3. If your business pays your home rent or mortgage, what is the annual amount? | | \$ _____ | |
| 4. What if your business pays for your personal automobile, what is the annual total? | | \$ _____ | |
| 5. If your business pays any portion of other personal expenses, list total amount and explain in Section L. | | \$ _____ | |
| 6. If you own rental property: What is the total amount of Rental Income received? | | \$ _____ | |

L

EXPLANATIONS (Use this space to explain any answers which may need clarification)

M

CERTIFICATION, AUTHORIZATION AND DOCUMENTATION CHECKLIST

WHAT IS NEEDED TO PROCESS THIS APPLICATION

(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE)

1. This application form filled out in its entirety, SIGNED AND DATED BELOW by the Parent or Guardian listed in Sections A and B.
- 2.

IF YOU HAVE FILED A 2015 IRS FORM 1040:

A complete photocopy of your 2015 Form 1040, 1040A, or 1040EZ (as filed with the IRS, including all Schedules). 2015 W-2 Forms, 2010 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s).

IF YOU HAVE NOT YET FILED A 2015 IRS FORM 1040:

A complete photocopy of your most recent Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules). 2015 W-2 Forms, 2015 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). *If this application is submitted after April 15, 2016, you must provide a copy of the 2015 Extension for Filing Request, as approved by the IRS and a copy of your last filed tax return.*

IF YOU DO NOT FILE AN IRS FORM 1040 AND RECEIVE ONLY NON-TAXABLE INCOME:

Photocopies of your 2015 YEAR-END Social Services statement (TANF, etc.), Food Stamp documentation, Student Loans and/or grant documentation for parent's education, Social Security income statements showing **TOTAL AMOUNT** received in 2015 for ALL members of the household.

SIGN HERE

I/We declare that the information on this form is true, correct, and complete to the best of our knowledge.

Parent or Guardian (Section A)

Date

Parent or Guardian (Section B)

Date