

Tuition Assistance Form

2017-2018



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 28, 2017

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 **2016** 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 **2016** W-2 Wage and Tax Statement Forms, all **2016** 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 **2016** 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 • 2017-2018

• 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? _____

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? _____

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 2017. _____

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.

	Dependent Last Name	Dependent First Name	MI	Age	Relationship to Parent/Guardian A	Name of school student plans to enter in the Fall of 2017 (Please do not abbreviate)	Grade in the Fall of 2017	Applying for Aid? (check one) YES NO	Amount I/We can pay toward tuition	Tuition charged yearly per student
						City/State				
1										
2										
3										
4										
5										

D HOUSEHOLD INFORMATION

1. Number of individuals who will reside in my/our household during the 2017-2018 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 2016? _____
- 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 2016 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 2016	Estimate 2017
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 1/1/16-12/31/16 for all recipients in household. DO NOT list monthly amounts.

- Child support \$ _____ per year
 - Cash Assistance (TANF) \$ _____ per year
 - Food Stamps \$ _____ per year
 - Medicaid Received in 2016? Y/N _____
 - Social Security income (SSA/SSD, etc.) \$ _____ per year
 - Social Security Income \$ _____ per year
 - Student loans and/or grants received PARENT's education. \$ _____ per year
 - Total received in 2016 \$ _____ per year
 - Total used for household \$ _____ per year
 - Housing Assistance (Sec. 8, HUD, etc.) \$ _____ per year
 - 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 2016 \$ _____ per year

*You must provide 2016 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 1/1/16-12/31/16.

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? \$ _____ per month
 - Amount paid by household \$ _____ per month
 - Amount paid by other source(s) \$ _____ per month
- If you own your residence:
 - What is the current market value? \$ _____
 - What is the amount still owed, including Home equity loans? \$ _____
 - What is the monthly mortgage payment? \$ _____ per month

I**UNUSUAL CIRCUMSTANCES**

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Loss of job | <input type="checkbox"/> College expenses | <input type="checkbox"/> High debt |
| <input type="checkbox"/> Recent separation/divorce | <input type="checkbox"/> Income reduction | <input type="checkbox"/> Child support reduction |
| <input type="checkbox"/> Change in family living status | <input type="checkbox"/> Illness or injury | <input type="checkbox"/> Medical/Dental expenses |
| <input type="checkbox"/> Change in work status | <input type="checkbox"/> Death in the family | <input type="checkbox"/> Shared tuition |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Shared custody | <input type="checkbox"/> Other (Explain in Section J) |

1.

J**EXPLANATIONS** (Use this space to explain any answers which may need clarification)**K****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 2016 IRS FORM 1040:

A complete photocopy of your 2016 Form 1040, 1040A, or 1040EZ (as filed with the IRS, including all Schedules). 2016 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 2016 IRS FORM 1040:

A complete photocopy of your most recent Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules). 2016 W-2 Forms, 2016 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). *If this application is submitted after April 15, 2017, you must provide a copy of the 2016 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 2016 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 2016 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