

Section 1: Applicant & Co-Applicant Information

I. Applicant Information: Parent or Guardian

Name: _____

Social Security # _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Current Marital Status: Married (If marital status is married, co-applicant information is required)
 Single Divorced Separated Widowed

Employment Status: Full-time Unemployed
 Part-time (less than 30 hours/week) Disabled
Select Stay at home (full-time family care) Retired
One Self – employed Student

Relationship To student: Father Legal Guardian
 Mother Grandfather
 Stepfather Grandmother
 Stepmother Other _____

Occupation: _____ Employer: _____

Parish: _____ Envelope #: _____

II. Co-Applicant Information: Parent or Guardian

Name: _____

Social Security # _____ Date of Birth: _____

Employment Status: Full-time Unemployed
 Part-time (less than 30 hours/week) Disabled
Select Stay at home (full-time family care) Retired
One Self – employed Student

Relationship To student: Father Legal Guardian
 Mother Grandfather
 Stepfather Grandmother
 Stepmother Other _____

Occupation: _____ Employer: _____

Section 2: Student & School Information

(If more than three entries, photocopy this page and insert.)

Complete this section for **ALL** children in the household attending a tuition-charging PK-12 school including the student/s who will be attending St. Jerome Early Childhood Center. The grade level entered should be for the upcoming **2018-19** school year. (Start with the child attending St. Jerome ECC for whom the scholarship is being sought.)

Child's Name: _____

Child's SSN: _____ Child's Birth Date: _____ Annual Tuition: _____

Grade Entering (EC2, EC3, or EC4): _____ Child's Gender: _____

How much do you estimate you and/or your spouse can pay toward this child's tuition annually?: _____

Why do you want your child to attend St. Jerome Early Childhood Center: _____

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce or paternity proceeding. Do not include child support payments. _____

Will you be applying for state funded assistance (such as School Readiness)? _____

Child's Name: _____

Child's SSN: _____ Child's Birth Date: _____ Annual Tuition: _____

Grade Entering (K - 12): _____ Child's Gender: _____

How much do you and/or your spouse pay toward this child's tuition annually?: _____

School Attending Fall 2018: _____

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce or paternity proceeding. Do not include child support payments. _____

Will you be applying for state funded scholarship or voucher program? _____

Child's Name: _____

Child's SSN: _____ Child's Birth Date: _____ Annual Tuition: _____

Grade Entering (K - 12): _____ Child's Gender: _____

How much do you and/or your spouse pay toward this child's tuition annually?: _____

School Attending Fall 2018: _____

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce or paternity proceeding. Do not include child support payments. _____

Will you be applying for state funded scholarship or voucher program? _____

Section 3: Applicant & Co-Applicant Income Information

1. Size of household:
 Number of adults living in this household _____ Number of children living in this household _____
2. Do you file a federal income tax return? Yes, I file taxes. No, I do not file taxes.
3. Does the co-applicant file a federal tax return? Yes, file jointly Yes, files separately from applicant
 No, does not file

Taxable Income:

4. Please list the "Adjusted Gross Income" from the applicant's 2017 federal tax return.....\$ _____
5. If filing jointly or if there is not a co-applicant, enter "0".
 If filing separately list the "Adjusted Gross Income" from the co-applicant's 2017 federal tax return..... \$ _____
6. Do you own any of the following?:
- a. Business – (Form 1040 Line 12) Attach Schedule C or C-EZ and form 4562 Depreciation & Amortization..... Yes No
 - b. Farm (Form 1040 Line 18) Attach Schedule F and Form 4562 Depreciation and Amortization..... Yes No
 - c. Rental Property – (Form 1040 Line 17) Attach Schedule E (page 1) Yes No
 - d. S Corporation – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1120S (4 pages), Schedule K-1 Form 8825..... Yes No
 - e. Partnership - (Form 1040 Line 17) Attach Schedule E (page 2), Form 1065 (5 pages), Schedule K-1 Yes No
 - f. Estates and Trusts – (Form 1040 Line 17) Attach Schedule E (page 2), form 1041, and Schedule K-1 Yes No

Nontaxable Income:

- | | Select how income is received. | Amount, if none, enter "0" |
|---|--|----------------------------|
| 7. Child Support received..... | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____ |
| 8. Social Security benefits received, such as SSI..... | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____ |
| 9. Temporary Assistance for Needy Families (TANF) .. | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____ |
| 10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC) | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____ |
| 11. Food Stamps..... | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____ |
| 12. Tuition support anticipated from friends/relatives.... | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____ |
| 13. Worker's Compensation..... | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____ |
| 14. Other nontaxable income (i.e. Clergy/Pastoral/Military Housing Allowance, Foster Care Allowance, VA Benefits, etc.) | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____ |

Change of Income:

15. Do you anticipate a decrease in your 2018 household income? Yes No

If yes, complete the following questions:

15a. What do you anticipate your income to be for 2018?.....\$ _____

15b. What do you anticipate your spouse's income to be 2018?\$ _____

15c. Your income will be reduced in the coming year for the following reason(s). (Select all that apply)

Applicant

- Unemployed or expect to be unemployed
- Will have reduced hours
- Plan to take a job at a lower wage rate
- Exiting the workforce and plan to work in the home
- Filing for legal separation or divorce
- Plan to retire
- Medical reasons
- Increase of family size
- Loss of alimony or spousal support
- Military reasons
- Other _____

Co-Applicant

- Unemployed or expect to be unemployed
- Will have reduced hours
- Plan to take a job at a lower wage rate
- Exiting the workforce and plan to work in the home
- Filing for legal separation or divorce
- Plan to retire
- Medical reasons
- Increase of family size
- Loss of alimony or spousal support
- Military reasons
- Other _____

Section 4: Applicant & Co-Applicant Expense Information

Current MONTHLY Expenses:

1. Do you rent or own your primary residence?..... Rent Own Other
2. Monthly rent or mortgage payment. (Include principal, interest, taxes and home insurance)....\$ _____
3. Do you own a second home (not including rental property)?..... Yes No
 - 3a. If yes, what is the monthly mortgage payment on your second home
(Include principal, interest, taxes and home insurance).....\$ _____
4. Monthly home equity loan payments.....\$ _____
5. Vehicle Information. Complete for each vehicle lease or owned, including any vehicle that does not have a monthly payment. (If more than 3 vehicles, photocopy form and insert.)

			<i>If none, enter "0"</i>
Vehicle #1	Make/Model _____	Year _____\$ _____
Vehicle #2	Make/Model _____	Year _____\$ _____
Vehicle #3	Make/Model _____	Year _____\$ _____

6. Total credit card debt. (Do not include balances that are paid in full each month.)\$ _____
7. Total of all minimum amounts due on monthly credit card statements.....\$ _____
8. Monthly student loan payment for family members no longer attending college.....\$ _____
9. Do you have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses.) Yes No
 - 9a. If yes, please list below. Examples would be loans for recreation vehicles, appliances, or other home improvements. List the creditor and monthly payment amount. (If additional space is required, photocopy form and insert)

			<i>If none, enter "0"</i>
Loan #1	_____\$ _____	
Loan #2	_____\$ _____	
Loan #3	_____\$ _____	

10. Monthly child support payments. (Applies only to the parent or guardian paying child support. Do not include child support received.)\$ _____
11. Monthly health insurance premiums paid directly to the insurance company. (Do NOT include premiums paid pre-tax through your employer via payroll deduction or premiums that are deducted on your tax return as self-employed insurance deductions.)\$ _____

Current ANNUAL Expenses:

12. Annual vehicle insurance expense.\$ _____
13. Total annual out-of-pocket medical expenses not paid by insurance.\$ _____
14. Charitable contributions – cash or checks – per year.\$ _____
15. College Expenses:
 - 15a. Number of family members attending college beginning in the fall of 2018..... _____
 - 15b. Total amount of your family’s out-of-pocket cost for college expected this school year. (Total tuition less student loan proceeds, scholarships, grants and financial aid, and contributions expected from student earnings.)\$ _____
16. Child/Day Care Expenses: (do not include preschool/prekindergarten expenses.)
 - 16a. Number of children for whom you pay child/day care expenses beginning in the fall of 2018..... _____
 - 16b. Total amount of child/day care expenses expected this year.....\$ _____
17. Elder Care Expenses:
 - 17a. Number of people for whom you pay elder care expenses beginning in the fall of 2018..... _____
 - 17b. Total amount of elder care expenses expected this year.....\$ _____

Section 5: Applicant & Co-Applicant Assets and Liabilities

If none, enter "0"

1. Value of cash, savings, and/or checking accounts.\$ _____
2. Value of stock, bond investments, mutual funds, and/or certificates of deposit.\$ _____
3. Value of retirement plan assets – 401(k), 403(b), and/or IRAs.\$ _____
4. What is your and/or your spouse/s annual contribution to retirement plan assets?\$ _____
5. If you own your home, the estimated value.\$ _____
6. If you own your home, the amount you owe.\$ _____
7. If you own a second home, the estimated value. Do not include rental property.\$ _____
8. If you own a second home, the amount you owe.\$ _____

Section 6: Authorization

I. Terms and Conditions:

St. Jerome Early Childhood Center is solely responsible for determining the final aid award. Submission of the application does not guarantee receipt of financial aid.

II. Privacy and Security:

Information provided with this Application will not be shared with any third party without the prior consent of the individuals submitting this application. Access to the information shall be restricted except to the extent that St. Jerome Early Childhood Center staff must use the data to provide service to you. St. Jerome Early Childhood Center maintains physical and procedural safeguards to protect data from being accessed by any unauthorized parties.

III. Authorization:

I (we) accept and agree to be bound by the terms and conditions listed above and acknowledge that the information provided on this form is true, correct and complete to the best of my (our) knowledge, and that I am (we are) authorized to sign this form and to disclose this information.

X _____
Applicant Signature

Date

X _____
Co-Applicant Signature

Date