

SCOTT COUNTY K - 1 2
CATHOLIC SCHOOLS
2012-2013 FAMILY TUITION PLAN APPLICATION

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Office Use Only

Thoroughly complete each section to avoid processing delays. *Incomplete applications **CANNOT** be processed.*

Adult 1	PARENT, GUARDIAN, or OTHER ADULT RESPONSIBLE FOR TUITION
First and Last Name _____	Relationship to student(s) _____
Address _____	City, State, Zip _____
Home Phone _____	Work Phone _____
Cell Phone _____	Email _____
Which local parish do you support? _____	Best way to contact with questions _____

Adult 2	PARENT, GUARDIAN, or OTHER ADULT RESIDING WITH ADULT 1
First and Last Name _____	Relationship to Adult 1 _____
Relationship to student(s) _____	Cell Phone _____
Work Phone _____	Email _____

Dependents	PLEASE COMPLETE ALL FIELDS LISTING DEPENDENTS IN ORDER OF OLDEST TO YOUNGEST, INCLUDING DEPENDENT COLLEGE STUDENTS.			
Dependent Last Name	Dependent First Name	Relationship to Adult 1	School Name	2012-13 Grade

HOUSEHOLD INFORMATION	
<p>1. Please list any person(s) residing in your home that is not listed above, including their relationship to Adult 1:</p> <p>Name _____ Relationship _____</p> <p>Name _____ Relationship _____</p> <p>Name _____ Relationship _____</p> <p>Name _____ Relationship _____</p>	<p>2. Current marital status/housing arrangements of Adult 1:</p> <p> <input type="checkbox"/> Married <input type="checkbox"/> Single (never married)* <input type="checkbox"/> Divorced* <input type="checkbox"/> Separated* <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried* <input type="checkbox"/> Residing with Significant Other <input type="checkbox"/> Other _____ </p> <p>* If Single (never married), Divorced, Separated, or Remarried, please complete next section.</p>

DIVORCED, SEPARATED, OR SINGLE PARENTS	
(To be completed by Adult 1)	
<p>1. Date of separation (month/year) _____</p> <p>2. Date of divorce (month/year) _____</p> <p>3. Name of non-custodial parent _____</p> <p>4. Do you receive and/or pay child support?</p> <p><input type="checkbox"/> Receive \$ _____</p> <p><input type="checkbox"/> Pay \$ _____</p> <p><input type="checkbox"/> Neither</p>	<p>5. Who claimed student(s) as tax dependent in 2011? _____</p> <p>6. Who is responsible for tuition for dependents listed in section 3?</p> <p><input type="checkbox"/> Father _____ % Student Name _____</p> <p><input type="checkbox"/> Mother _____ % Student Name _____</p> <p><input type="checkbox"/> Other _____ % Student Name _____</p>

Return complete applications to: P.O. Box 1597, Davenport, IA 52809
 Allow up to 6 weeks for processing. A letter will be mailed to you when your grant is determined.

NON-TAXABLE INCOME PLEASE LIST MONTHLY AMOUNT OF NON-TAXABLE INCOME FOR ALL RECIPIENTS. IF NONE RECEIVED WRITE \$0 - DO NOT LEAVE BLANK				
ALIMONY	CHILD SUPPORT	FOOD STAMPS	SOCIAL SECURITY INCOME	DEPENDENT SOCIAL SECURITY
\$	\$	\$	\$	\$
UNEMPLOYMENT	CASH ASSISTANCE (TANF)	HOUSING ASSISTANCE (HUD)	STUDENT LOANS/GRANTS FOR PARENT EDUCATION	LOANS/GIFTS FROM FAMILY AND/OR FRIENDS
\$	\$	\$	\$	\$

EXTENUATING CIRCUMSTANCES (IF APPLICABLE)
CHECK ALL THAT APPLY TO THE **LAST 12 MONTH PERIOD** AND EXPLAIN BELOW, PROVIDING OFFICIAL DOCUMENTATION WHEN AVAILABLE.
IF ADDITIONAL ROOM IS NEEDED, A SEPARATE SHEET MAY BE ATTACHED.

Loss of job Change of work status Income reduction
 Recent Separation/Divorce Extreme medical/dental expenses Change in number of dependents

REQUIRED INCOME DOCUMENTATION

THIS APPLICATION MUST BE ACCOMPANIED BY A 2011 IOWA 1040 TAX FORM FOR ALL INCOME EARNING HOUSEHOLD MEMBERS NOT LISTED AS DEPENDENTS ON REVERSE

I HAVE INCLUDED MY 2011 IOWA 1040 TAX FORM.
 I DID NOT FILE TAXES IN IOWA BUT HAVE INCLUDED MY FEDERAL 1040 TAX FORM.
 I WAS NOT REQUIRED TO FILE TAXES BUT HAVE INCLUDED DOCUMENTATION FOR NON-TAXABLE INCOME LISTED ABOVE.
 I HAVE FILED FOR AN EXTENSION AND HAVE INCLUDED A COPY OF MY 2011 EXTENSION FOR FILING REQUEST AND W2 FORMS FOR ALL NON-DEPENDENT INCOME EARNING HOUSEHOLD MEMBERS OVER THE AGE OF 21.

****PLEASE BE SURE YOUR APPLICATION IS COMPLETE - INCOMPLETE APPLICATIONS WILL BE RETURNED****

ADULT 1, PLEASE INITIAL BELOW:

- I verify that all information on this application is true and correct.
- I verify that the tax return accompanying this application is a true copy of my filed return.
- I understand that grants received outside the Family Tuition Plan may affect FTP grant amounts.
- I understand that FTP applications received after September 30, 2012 may not receive full funding.

Adult 1 Signature

Date