

Please do not staple.

SCOTT COUNTY K - 1 2
CATHOLIC SCHOOLS
2017-2018 FAMILY TUITION PLAN APPLICATION

Office Use Only

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DO NOT LEAVE ANY SECTION OF THIS APPLICATION BLANK - IF AN AREA DOES NOT APPLY, WRITE N/A.

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 _____
 If you are employed by a local Catholic school, please list the school name here: _____

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 _____
 If you are employed by a local Catholic school, please list the school name here: _____

Dependents LIST ALL DEPENDENTS IN ORDER OF OLDEST TO YOUNGEST.
FOR SCHOOL AGED DEPENDENTS, LIST THE SCHOOL(S) FOR WHICH YOU ARE SEEKING ASSISTANCE.

| Dependent Last Name | Dependent First Name | Relationship to Adult 1 | 2017-18 School Name | 2017-18 Grade |
|---------------------|----------------------|-------------------------|---------------------|---------------|
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Household Information

Below list anyone not listed above who is living in your home and provide their relationship to Adult 1:

Name _____ Relationship _____
 Name _____ Relationship _____
 Name _____ Relationship _____

Current housing arrangements of Adult 1 (check all that apply):

- Married Single (never married) Divorced
 Separated Widowed Remarried
 Residing with Significant Other Residing with Parents
 Other _____

Do you receive and/or pay child support? Applicant is responsible for _____ % of K-12 Catholic school students' tuition.
 Receive \$ _____ (monthly) If not 100%, who is responsible for remainder? _____
 Pay \$ _____ (monthly) If minor child(ren) are not claimed on the accompanying tax return, who claimed them? _____
 Neither

Housing Information

If renting, what is monthly rent? \$ _____ If own, what is monthly mortgage? \$ _____
 Portion paid by Adults 1 & 2: \$ _____ Portion paid by Adults 1 & 2: \$ _____

If a portion is paid by other sources, including family, renters, or government housing assistance, please list those sources here:

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NON-TAXABLE INCOME

PLEASE LIST TOTAL MONTHLY NON-TAXABLE INCOME FOR ALL RECIPIENTS. IF NONE RECEIVED WRITE \$0 OR N/A.

| | | | | |
|--------------|--|-----------------|---------------------------------|---------------------------|
| ALIMONY | CHILD SUPPORT | FOOD ASSISTANCE | SOCIAL SECURITY INCOME | DEPENDENT SOCIAL SECURITY |
| \$ | \$ | \$ | \$ | \$ |
| UNEMPLOYMENT | LOANS/GIFTS FROM FAMILY AND/OR FRIENDS | | FIP (Family Investment Program) | OTHER: _____ |
| \$ | \$ | \$ | \$ | \$ |

EXPLANATIONS (IF NEEDED)

If your 2016 Iowa 1040 Tax Return does not accurately represent your current income or family situation, please explain below IN DETAIL that will allow us to properly adjust your income/application information (if necessary). Please provide documentation of noted changes when available/requested. A separate sheet may be attached.

- Change of work status* Recent Separation/Divorce Extreme medical expenses Change in number of dependents

*** If there has been a change in income/employer in the last 12 months, copies of that wage earner's last 3 pay stubs or documentation of unemployment/other jobless benefits are necessary to process your application.**

APPLICATION CHECKLIST - Application will be returned if checklist is not complete.

- I have included **2016 IOWA 1040 TAX RETURNS** for **ALL** income earning household members not listed as dependents on reverse.
 - I did not file 2016 taxes in Iowa, but have included my 2016 Federal 1040 Tax Return.
 - 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 2016 Extension for Filing Request and W2 forms for all income earning household members not listed as dependents on reverse.
- I have included my **SCHEDULE C, E, AND/OR F TAX FORMS** if they were a part of my 2016 Federal Tax Return.
- I have verified that all areas of this application are complete, and have written N/A in sections that do not apply to my family.
- I understand that incomplete applications will be returned, and as a result my application will be delayed.

I verify that all information on this application is true and correct. **INITIAL** _____

I verify that the tax returns accompanying this application is a true copy of my filed return. **INITIAL** _____

I understand that grants received outside the Family Tuition Plan may affect FTP grant amounts. **INITIAL** _____

I understand that applications postmarked after **June 30, 2017** will not receive maximum funding. **INITIAL** _____

Signature ↑

Date ↑

Complete applications and required income documentation should be sent to P.O. Box 1597, Davenport, IA 52809.

ALLOW 6 WEEKS FOR PROCESSING. GRANT LETTERS WILL BE SENT TO APPLICANTS AND SCHOOLS WHEN THE APPLICATION PROCESS IS COMPLETE.