



Our Lady of Sorrows Catholic School
Financial Aid Application
School Year 2017-2018
Application Due Date: February 28, 2017

ALL APPLICANTS MUST HAVE COMPLETED ONE SCHOOL YEAR AT OLSS IN ORDER TO APPLY.

TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:

Please note: This application requires documentation for income received in 2016.

1. Detailed copies of all pages and Schedules of your **2016 Federal Income Tax Return Form 1040, 1040A, or 1040EZ** (as filed with IRS) for individuals listed in Section 1 & 2.
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 1 and 2.
(Please make sure all documentation is copied on a regular size paper- Documentation will not be returned.)
3. Documentation of total amount received in **2016 for all Non-taxable Income** (see Section G for specific requirements).
4. A **letter of recommendation** from family's parish Priest or Pastor.
5. This application form filled out in its entirety, signed and dated by the individuals listed in Sections 1 and 2

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

Keep a copy of this completed application and all documentation for your records.

Section 1: Parent, Guardian, or other Adult Responsible for Tuition

IMPORTANT: Please type or print clearly and neatly with blue or black ball point pen.

Check one:	Father	Mother	Step-Father	Step-Mother	Other Adult
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Last Name	First Name	M.I.
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Physical Address	Apartment # (if applicable)
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City	State	Zip Code
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Home Phone	Cell Phone	Work Phone
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Employed by	How Long?	E-mail Address
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Section 2: Parent, Guardian, or other Adult Residing with Parent in Section 1

Check one:	Father	Mother	Step-Father	Step-Mother	Other Adult
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Last Name	First Name	M.I.
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Physical Address	Apartment # (if applicable)
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City	State	Zip Code
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Home Phone	Cell Phone	Work Phone
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Employed by	How Long?	E-mail Address
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Section 3: Dependents (DO NOT LEAVE BLANK)

Number of dependent children who will attend a tuition charging school : daycare, Pre-K, elementary school, secondary school, or college in the fall of 2017? _____

Please list all dependent children in order of oldest to youngest, including college students, even if you are not applying for aid for that student. Indicate each dependent's relationship to Parent/Guardian 1: (child foster child, grandchild, etc..)

Full Name	Date of Birth	Relationship to Parent/Guardian 1	Name of School plans to attend in the Fall of 2017	Grade in Fall of 2017	Applying for Aid?	Tuition charged yearly per student?

_____ *Please check if additional dependents are listed on a separate sheet.*

Section 4: 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: _____

*If **Single, Divorced, Remarried, Separated**, you are required to complete **Section 5**.

2. **Current martial status/housing arrangement of Parent/Guardian 1:**
- Single* _____ Separated* _____
 - Married _____ Residing with other _____
 - Widowed _____ Other _____
 - Divorced* _____
 - Remarried* _____

Section 5: Single, Divorced, Remarried, or Separated Parents (To be completed by the Parent/Guardian listed in Section 1)

1. Date of separation (Month/Year) _____
2. Date of divorce (Month/Year) _____
3. Non-custodial parent (Last, First, M.I.) _____
4. Who claimed student as a tax dependent in 2016? _____

5. Who is responsible for the tuition for the dependent(s) listed in Section 3?			Child Support (per year)		
Father Name:	Name of Students responsible for:	Percent of Tuition paid (Per Student) _____%	Received \$ _____	Paid \$ _____	____ Neither
Mother Name:	Name of students responsible for:	Percent of Tuition paid (Per Student) _____%	Received \$ _____	Paid \$ _____	____ Neither
Other Name:	Name of students responsible for:	Percent of Tuition paid (Per Student) _____%	Received \$ _____	Paid \$ _____	____ Neither

**If person(s) above is/are responsible for additional students, please list in Section 9.*

Section 6: Taxable Income / Non-Taxable Income

Taxable Income:

Total 2016 federal tax return for students hou: household

Actual 2016 \$ _____

Non-Taxable Income:

List the **total amount** received from **1/1/16-12/31/16** for all recipients in the household.

DO NOT list monthly amounts.

Child Support \$ _____ per year

Cash Assistance \$ _____ per year*

Food Stamps (SNAP) \$ _____ per year*

Medicaid/CHIP received in 2016? Yes NO \$ _____ per year*

Social Security Income (SSA/SSD, etc..) \$ _____ per year*

(Provide documentation for all recipients in household.)

Social Security income (SSI Only) Total received in 2016: \$ _____ per year*

(Provide documentation for all recipients in household.)

Student loans and/or grants received for PARENT's education

(Not college attending dependents or students listed in Section 3.)

a. Total Received in 2016 \$ _____ per year*

b. Total used for living expenses \$ _____ per year*

Housing Assistance (Sec.8, HUD, etc..) \$ _____ per year*

Religious Housing Assistance (personage, manse, etc..) \$ _____ per year*

Other:(Working for cash, Adoption and/or Foster Subsidy, Workers Comp, Disability, Pension, Retirement, etc.

(Identify source(s) in Section 9), any and all Military/VA Benefits and/or Compensation Total received in 2016)

\$ _____ per year*

Loans/Gifts from friends or relatives \$ _____ per year*

Personal Savings/Investment Accounts used for household expenses \$ _____ per year*

Total non-taxable income for 2016

\$ _____

***You must provide 2016 YEAR-END documentation for items 11-16a; either a YEAR-END Statement from the appropriate Public Agency, or documentation showing totals from 1/1/16-12/31/16.**

Business Office Only:

Total Income/Non-Taxable for 2016: \$ _____

Section 7: Unusual Circumstances (Check all that apply to your situation within the past 12 months)

- | | | | |
|-----------------------------------|----------------------|----------------------------|---------------------------------|
| a. Loss of Job | e. Bankruptcy | l. Death in the family | m. Medical/Dental expenses |
| b. Recent Separation/Divorce | f. College expenses | j. Shared custody | n. Shared Tuition |
| c. Change in family living status | g. Income reduction | k. High Debt | o. Other (explain in Section 9) |
| d. Change in work status | h. Illness or Injury | l. Child Support reduction | |

Section 8: Business Owners or Self-Employed Individuals (2016 Estimates)

* If you have not filed your **2016** Tax Return, and are self-Employed, own a business, rental property, and/or a farm please provide and estimate of your income - **DO NOT LEAVE BLANK**

	<u>Schedule C</u>	<u>Schedule E</u>	<u>Schedule F</u>
1. What is your total estimated GROSS business income?	\$ _____	\$ _____	\$ _____
2. What is your total NET business taxable income/loss? <i>(DO NOT LEAVE BLANK)</i>	\$ _____	\$ _____	\$ _____
3. If your business pays your home rent or mortgage, what is the annual total?		\$ _____	
4. 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 10.		\$ _____	
6. If you own rental property: What was the total amount of Rental Income received?		\$ _____	

Section 9: Please explain the reason for requesting tuition assistance below and/or on a separate sheet.

Section 10: Certification, Authorization, and Documentation Requirements

WHAT IS REQUIRED TO PROCESS THIS APPLICATION
(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE.)

1. Detailed copies of all pages and Schedules of your **2016 Federal Income Tax Return Form 1040, 1040A, or 1040EZ** (as filed with IRS) for individuals listed in Section 1 & 2.
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5. This application form filled out in its entirety, **signed and dated** by the individuals listed in Sections 1 and 2

Application must be completed and submitted on or before February 28, 2017. No exceptions.

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

Parent/Guardian 1 _____ Date _____

Parent/Guardian 2 _____ Date _____

Keep a copy of this completed application and all documentation for your records.