

2018-2019 ILSTO Financial Aid Application

ILSTO, BOX 176, TERRIL , IA 51364

1 Instructions Application

*You must include copies of pages 1 and 2 of your 2017 federal income tax return (Form 1040, 1040A, or 1040EZ) with this application. If you were not required to file a tax return for 2017, you must sign the nonfiler affidavit in Section 7 and submit all Forms W-2 or 1099 received by members of your household.

- Submit this application directly to ILSTO, Box 176, Terril, IA 51364 by April 27, 2018.
- Only applications received by that date will be considered for funding by the ILSTO.
- Your financial need is determined by reference to your household's size and income. The term "household" refers to all individuals who live in the same dwelling place, regardless of age, legal relationship, or dependency status. Your household may include different people than those in your family.

NAME OF LUTHERAN SCHOOL AND CITY LOCATION Trinity Lutheran, Cedar Rapids

Are you a member of the church(s) associated with the school? YES NO

This is the first year I have a child(ren) attending this school in K-12? YES NO

2 Household Members

- Starting with yourself, list the name and birth date of every person who lived in your home on December 31, 2017.
- Include everyone who lived with you, regardless of relationship, even children in college and those not in school.
- For each student enter their **2018-2019** school name and grade level.

Full Name (First/Middle/Last)	Relationship to Applicant	Birth Date	For Students Only			
			School Name	'18-'19 Grade	Tuition	Award
01	<i>Applicant</i>					
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						

3 Household Address

- Enter the complete street address of your primary place of residence (your home) as of December 31, 2017.
- Include your apartment number, unit number, or lot number if applicable.
- Do not enter a post office box or the address of any property other than your primary residence.

Street	City	State and Zip Code	RESIDENT SCHOOL DISTRICT

4 Contact Information

- Your contact information is needed to help us resolve any errors or omissions on this application.
- Provide all phone numbers (including area code) at which you may be reached for additional information.
- Provide your primary email address. In the event we can't reach you by phone, we will send you an email.

Work Phone	Home Phone	Cell Phone	Email Address

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5 Unreported Income

- Report below any income that your household received in 2017 which is not included on a submitted tax return.
- All household income, whether taxable or nontaxable and regardless of source, must be disclosed.
- Enter **monthly or yearly** amounts, whichever you prefer. If none, enter a zero; do not leave an item blank.

Type of Income	Monthly	Yearly	Type of Income	Monthly	Yearly
Child Support Received for All Children	\$	\$	Supplemental Security Income (SSI, SSD)	\$	\$
Housing Assistance (HUD, Section 8)	\$	\$	Veterans Benefits and Combat Pay	\$	\$
Public Assistance (Food Stamps, Welfare)	\$	\$	Workers Comp and Disability Benefits	\$	\$
Social Security Benefits of Dependents	\$	\$	All Other Unreported Household Income	\$	\$

6 Additional Information

- You may also use this section to explain or expand upon any entries made elsewhere on this application.
- You may also use this section to tell how the STO program has helped your family.

7 Nonfiler Affidavit

- Skip this section if anyone in your household was required to file a federal income tax return for 2017.
- If no one in your household was required to file a tax return for 2017, you must sign the following affidavit.
- If you sign below, you must include all Forms W-2 and 1099 received by members of your household for 2017.

I hereby certify that, to the best of my knowledge, no member of my household earned enough taxable income to be required to file a federal individual income tax return for the year 2017.

Applicant Signature	Date
X	

8 Applicant Certification

- All applicants **must** sign this section.
- Before signing, verify that **all** sections of this application have been completed in accordance with the instructions.
- Verify that **all** members of your household have been listed and that **all** income received has been disclosed.

I hereby certify that: (a) this application is true, correct, and complete; (b) I have submitted true copies of all tax returns filed by members of my household; and (c) I have disclosed all household income received.

Applicant Signature	Date
X	