

DEADLINE: Postmarked or hand-delivered by 4/27/18

A Household Information

Parent/Guardian A

1 Last name _____ First name _____ MI _____ Suffix _____
 Address _____ Suite/Apt. No. _____
 City _____ State/Province _____ Zip/Postal Code _____
 Country _____ Gender M F Date of Birth *mmddyy* _____
 Email _____
 Phone _____ Home Work Cell Send correspondence via: (select one) Mail Email
 Occupation _____ *TLS considers Parent/Guardian A the primary contact to whom correspondence will be sent.*
 Employer _____ Years with company _____

Parent/Guardian B

1 Last name _____ First name _____ MI _____ Suffix _____
 Address same as Parent/Guardian A Address _____ Suite/Apt. No. _____
 City _____ State/Province _____ Zip/Postal Code _____
 Country _____ Gender M F Date of Birth *mmddyy* _____
 Email _____
 Phone _____ Home Work Cell
 Occupation _____
 Employer _____ Years with company _____

2 Complete this item *only* if student applicants' parents are separated, divorced, or have never been married.
 Never married Divorced Separated, no court action Legally separated Is there a joint custody agreement? Yes No Year of divorce/separation _____
 Other parent's last name _____ First name _____ MI _____
 Address _____
 City _____ State/Province _____ Zip/Postal Code _____

B Student Applicant Information

Complete this section for **each** child applying

Student A

3 Last name _____ First name _____ MI _____ Suffix _____
 Date of birth *mmddyy* _____ Gender M F Grade student will enter in Fall 2018 _____
 4 Student lives with: (select one) Parent/Guardian A and B Parent/Guardian A Parent/Guardian B Other

Student B

3 Last name _____ First name _____ MI _____ Suffix _____
 Date of birth *mmddyy* _____ Gender M F Grade student will enter in Fall 2018 _____
 4 Student lives with: (select one) Parent/Guardian A and B Parent/Guardian A Parent/Guardian B Other

Student C

3 Last name _____ First name _____ MI _____ Suffix _____
 Date of birth *mmddyy* _____ Gender M F Grade student will enter in Fall 2018 _____
 4 Student lives with: (select one) Parent/Guardian A and B Parent/Guardian A Parent/Guardian B Other

6 Basic Tax Information

- 6A** Tax returns for current year (2017) are: Completed Estimated
- 6B** Income tax filing status for 2017: 1. Single 2. Married, joint return 3. Married, filing separately 4. Head of household 5. Do not file
- 6C** How many federal income tax exemptions did you or will you claim for 2017? (Form 1040 or 1040A, line 6D) _____
- 6D** IRS total itemized deductions from IRS schedule A (Form 1040, line 40. Does not apply if you filed Form 1040A) _____
- 6E** Total federal tax paid (Form 1040, line 63, or 1040A, line 28) _____

7 Total Taxable Income

	2017	Estimated 2018
7A Salaries and wages for Parent/Guardian A in A1 (W-2, box 1)	\$ _____	\$ _____
7B Salaries and wages for Parent/Guardian B in A1 (W-2, box 1)	\$ _____	\$ _____
7C Taxable dividends and/or interest income from 1099 statement(s) Form 1040 or 1040A, total of lines 8a and 9a	\$ _____	\$ _____
7D Alimony received or estimated (do not include child support) Form 1040, line 11. Does not apply if you filed Form 1040A	\$ _____	\$ _____
7E Other taxable income	\$ _____	\$ _____
7F Untaxed portion of payments to IRA (Form 1040, line 32, or 1040A, line 17)	\$ _____	\$ _____
7G Keogh plan payments and self-employed SEP deduction Form 1040, line 28. Does not apply if you filed Form 1040A	\$ _____	\$ _____
7H Other IRS allowable adjustments to taxable income Form 1040, total of lines 23-35, except lines 28 & 32, or 1040A, total of lines 16, 18 & 19	\$ _____	\$ _____

Business and/or Farm Details Complete this section only if you own a business and/or farm (see instructions). Complete the SSS Business/Farm Statement if required by the school(s) to which you are applying.

- 7I** Net profit/loss from business and/or farm (if loss, use parentheses around figures) Form 1040, line 12. Does not apply if you filed Form 1040A
- 7J** Select the owner of the business and/or farm: (select only one) Parent/Guardian A and B Parent/Guardian A Parent/Guardian B
- 7K** Identify the kind of business and/or farm _____
- 7L** Percentage of ownership _____ % **7M** Business/Farm Assets \$ _____ **7N** Business/Farm Debts \$ _____
- 7O** Self-employment tax paid

8 Total Nontaxable Income

- 8A** Child support received for all children
- 8B** Social security benefits for entire family
- 8C** Other nontaxable income (complete the worksheet on page 4 of the PFS and enter totals here)

9 Student Income and Assets Enter information only for applicant(s) listed in Section B.

	Student A	Student B	Student C
9A Indicate student applicant earnings for 2017:	\$ _____	\$ _____	\$ _____
Indicate student applicant estimated earnings for 2018	\$ _____	\$ _____	\$ _____
9B Did/will the student applicant file a federal tax return for 2017? <i>SKIP THIS SECTION - DOES NOT APPLY TO MOST OF OUR STUDENTS</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
9C Student assets (see instructions)	\$ _____	\$ _____	\$ _____

D Family Assets and Debts

Real Estate

	10A Year purchased	10B Purchase price	10C Total property insurance carried	10D Present market value	10E Unpaid principal on 1st mortgage	10F Annual payments on 1st mortgage
10 Home (if owned) _____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

- 10G** Do you have a second mortgage on the home listed in 10? Yes No
- 10H** Do you have an equity loan on the home listed in 10? Yes No

10J Year of 2nd mortgage	10K Year of equity loan	10L Unpaid principal on 2nd mortgage/equity loan(s)	10M Annual payments on 2nd mortgage/equity loan(s)
_____	_____	\$ _____	\$ _____

10I If so, describe the purpose of the second mortgage and/or equity loan in area 32.

	100 Number of locations	10P Total purchase price	10Q Total property insurance carried	10R Present market value	10S Unpaid principal on 1st mortgage	10T Annual payments on 1st mortgage
10N All other real estate (see instructions) _____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

2017	Estimated 2018
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11 If you rent your family residence, provide total amount of annual rent you paid for 2017 and what you estimate for 2018: \$ _____ \$ _____

Vehicles

12 List all family cars (if more than three cars are owned or leased, list additional cars in area 32).

1. (make, model, year) _____	<input type="checkbox"/> Provided by employer/business	<input type="checkbox"/> Own \$ _____	<input type="checkbox"/> Lease \$ _____
2. (make, model, year) _____	<input type="checkbox"/> Provided by employer/business	<input type="checkbox"/> Own \$ _____	<input type="checkbox"/> Lease \$ _____
3. (make, model, year) _____	<input type="checkbox"/> Provided by employer/business	<input type="checkbox"/> Own \$ _____	<input type="checkbox"/> Lease \$ _____
Total annual lease/car expenses		\$ _____	\$ _____

13 List all boats and other recreational vehicles owned or leased (if more than one vehicle, list additional vehicles in area 32).
 (make, model, year) _____ Own \$ _____ Lease \$ _____

Other Assets/Debts

14 Bank accounts—total of parents' checking and savings (interest-bearing and noninterest bearing) accounts \$ _____

15 Investments—net value (stocks, bonds, mutual funds, etc.—see instructions) \$ _____
 Do not include value of pensions, retirement plans, IRA's, SEP's, or Keoghs.

16 Debts (see list of acceptable debts in the instructions) \$ _____

16A Amount in 16 planned to be paid during 2018 \$ _____

17 Consumer debts (see instructions) \$ _____

E Additional Family Information

Educational Expenses

18 How many children, including the student applicant(s), are/will be receiving support from you in 2018? _____

19 How many children entered in question 18 will be attending full-time childcare, tuition-charging preschools, schools, or colleges in 2018-2019? _____

For items 20 and 21, please provide information below for all children. Enter first and last names. The number of children should be the same as entered in item 18. List student applicants first, in the same order as in Section B (A, B, and C). List all children, those applying for aid and those not applying for aid. Continue in area 32 if necessary.

20 Current Year (2017-2018)

A. Full name	B. Name of current child care, preschool, school or college (2017-18)	C. Grade/year in school or college	D. Age	E. Cost of child care, preschool, school or college	List the amount from each source used to pay this year's tuition (20E):				
					F. Parent or Guardian	G. Financial aid award	H. Loan	I. Student's assets & earnings	J. Friends, relatives, trust funds, & other sources explain in 32
1. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

21 Next Year (2018-2019)

A. Full name	B. Name of child care, preschool, school or college to be attended (2018-19)	C. Grade/year in school or college	D. Living w/ parent filing	E. Check appropriate boxes	F. Have/will apply for aid	Estimate the amount available from each source to pay next year's tuition:					
				Child care	Public school	Private school	College	G. Parent or Guardian	H. Financial aid award	I. Student's assets & earnings	J. Friends, relatives, trust funds, & other sources explain in 32
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____

22 How much can you afford for educational expenses for the 2018-2019 academic year for each student applicant? Do not leave blank.

	Student A	Student B	Student C
	\$ _____	\$ _____	\$ _____

23 How much can you afford for educational expenses for the 2018-2019 academic year for all students listed in item 20? Do not leave blank.

Other Expenses

	2017	Estimated 2018
24 Total medical/dental expenses not reimbursed by insurance companies.	\$ _____	\$ _____
24A Total paid for medical/dental insurance plans	\$ _____	\$ _____
25 Unusual expenses (see lists of acceptable and nonacceptable expenses in the instructions).	\$ _____	\$ _____
26 Total employment-related child care expenses	\$ _____	\$ _____
27 Is there an employee retirement plan for: Parent/Guardian A? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/Guardian B? <input type="checkbox"/> Yes <input type="checkbox"/> No		
28 Face value of parents' life insurance policies: <input type="checkbox"/> Term life <input type="checkbox"/> Whole life <input type="checkbox"/> Universal life <input type="checkbox"/> Single-Premium Life	\$ _____	
29 Annual cost of clubs requiring dues over \$250 in 2017 (including sports clubs)	\$ _____	
30 Costs of camps and lessons in 2017	\$ _____	
31 Costs of vacations in 2017	\$ _____	

Nontaxable Income Worksheet

8C Schedule—other nontaxable income breakdown/detail. Complete this schedule for item 8C:

	2017	Estimated 2018
Payment to tax-deferred pension and savings plans as reported on W-2 forms(s). Include amounts withheld from earnings for qualified retirement plans, such as 401(k) and 403(b) plans. Do <i>not</i> report amounts entered in 7F.	\$ _____	\$ _____
Pretax contribution or employer-provided untaxed income from fringe benefit plans (<i>cafeteria or 125 plans</i>).	\$ _____	\$ _____
Cash support, gifts, or money paid on your behalf (<i>from relatives or non-relatives</i>).	\$ _____	\$ _____
Household expenses and any money paid by separated or divorced spouse in lieu of child support.	\$ _____	\$ _____
Housing, food and other living allowances (<i>excluding rent for low-income housing</i>) paid on your behalf or to you as a member of the military, clergy, or other occupation (<i>including cash payments and cash value of benefits</i>), or contributions to your household income provided by other non-dependent members.	\$ _____	\$ _____
Earned income credits, welfare benefits, veterans benefits, workers compensation	\$ _____	\$ _____
Income from tax-exempt investments	\$ _____	\$ _____
Income earned abroad (<i>Foreign Income Exclusion, IRS Form 2555, or 2555EZ</i>).	\$ _____	\$ _____
Other untaxed income and benefits not included above.	\$ _____	\$ _____
Totals	\$ _____	\$ _____

Enter these totals in PFC Item 8C for 2017 and 2018

32 Use this space to explain all circled items with an entry other than zero (0) and any unusual circumstances or expenses.

Once completed, please send this application with one copy of the front and back of your 2017 IRS 1040 or 1040A directly to: Trinity Lutheran School, Attn: Financial Aid, 1361 7th Ave. SW, Cedar Rapids, IA 52404.

Trinity Lutheran School may be unable to grant financial assistance without an explanation of circled items. Applications for aid without supporting tax information will NOT be processed.

PARENTS' CERTIFICATION, AUTHORIZATION

We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct and complete. We recognize that intentionally providing false or inaccurate data may affect our ability to receive any financial aid and/or our ability to maintain a contract with the school. Trinity Lutheran School has our permission to verify the information reported, and we understand and agree that this verification may include the disclosure of personal and financial information. **IF YOU DO NOT AGREE WITH THIS STATEMENT, DO NOT SUBMIT THIS FORM.**

**Parent/
Guardian A**

Signature _____ Date _____

**Parent/
Guardian B**

Signature _____ Date _____