

2020-2021 ILSTO Financial Aid Application

ILSTO, BOX 176, TERRIL , IA 51364

1 Instructions Application

With the changes in the 1040 form, You must include a copy of **page 1** of your 2019 Federal income tax return (1040) with this application. Page 1 shows the dependents information and Line 7b of page 1 shows the total income. Schedules need not be included. If you were **NOT** required to file a tax return for 2019, you must sign the **non-filer 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 24, 2020 for the first round. The deadline for the second round is August 7, 2020. You may apply only once. Only applications postmarked by the deadline date will be considered for funding by the ILSTO.
- **This year eligibility remains at 400% of poverty level. However, the Iowa Legislature did not increase funding with this increase in eligibility. PLEASE NOTE NEW QUESTIONS CONCERNING FREE/REDUCED LUNCHES, NUMBER OF PARENTS WORKING AND OTHER AID. CIRCLE THE CORRECT ANSWER. IF RECEIVED OTHER AID, GIVE THE AMOUNT.**
- Starting with yourself, list the name and birth date of every person who lived in your home on December 31, 2019.
- Include everyone who lived with you, regardless of relationship, even children in college and those not in school.
- For each student (including those in college), enter their **2020-2021** school name and grade level.

2 Household Members

Full Name (First/Middle/Last)	Relationship to Applicant	Birth Date	For Students Only		New Lutheran School Student (Y or N)	Tuition
			Next Year School Name	Grade next yr		
01	<i>Applicant</i>					
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						

3 Household Address

- Enter the complete street address of your primary place of residence (your home) as of December 31, 2019.
- 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	PUBLIC SCHOOL DISTRICT IN WHICH YOU CURRENTLY LIVE.

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 2018 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	\$	\$

Please Circle:

School Lunches: **REDUCED** **FREE** **Neither**

Number of Parents working: **2** **1** **0**

6 Additional Information

Did you get additional aid besides STO? **YES.** **NO.** \$ _____

- 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

- If no one in your household was required to file a tax return for 2019, you must sign the following affidavit.
- Skip this section if anyone in your household was required to file a federal income tax return for 2019
- If you sign below, you must include all Forms W-2 and 1099 received by members of your household for 2019.

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 2019.

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	

REMEMBER TO ATTACH PAGE 1 OF THE 1040 FORM