

A Household Information

Parent/Guardian A

1 Last Name [] First Name [] MI [] Suffix []
Address [] Apt # []
City [] State [] Zip Code []
Gender [] M [] F Date of birth mmdyy []
Email []
Phone [] Home [] Work [] Cell [] Send notifications/correspondence by [] Mail [] Email
Occupation [] Parent/Guardian A will be the primary contact
Employer [] Years with Company []

Parent/Guardian B

1 Last Name [] First Name [] MI [] Suffix []
[] Same as Parent/Guardian A Address [] Apt # []
City [] State [] Zip Code []
Gender [] M [] F Date of birth mmdyy []
Email []
Phone [] Home [] Work [] Cell []
Occupation []
Employer [] Years with Company []

2 Complete this section ONLY if students' 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 [] Apt # []
City [] State [] Zip Code []

B Student Applicant Information Complete this section for EACH child applying for financial aid.

Student A

3 Last Name [] First Name [] MI [] Suffix []
Date of birth mmdyy [] Gender [] M [] F Grade student will enter in Fall 2020 []
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 mmdyy [] Gender [] M [] F Grade student will enter in Fall 2020 []
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 mmdyy [] Gender [] M [] F Grade student will enter in Fall 2020 []
4 Student lives with (SELECT ONE) [] Parent/Guardian A and B [] Parent/Guardian A [] Parent/Guardian B [] Other

If more than 3 children applying, list additional children in Section 28.

C Family Income YOU MUST ATTACH PG. 1 & 2 OF YOUR 2019 1040 & SCHEDULE 1 TO BE CONSIDERED FOR SCHOLARSHIPS

5 Basic Tax Information

- 5A** Tax returns for 2019 are Completed Estimated
- 5B** Income tax filing status for 2019: 1. Single 2. Married, joint return 3. Married, filing separately 4. Head of household 5. Do not file
- 5C** Did you have to complete Form 1040, Schedule 1? Yes No **If yes, be sure to attach a copy of the completed Schedule 1**
- 5D** Do you expect any changes to your income for 2020 (more than 10% increase or decrease)? Yes No

If yes, please explain _____

6 Business and/or Farm Details Complete this section only if you own a business and/or farm

- 6A** Select the owner of the business and/or farm (Select only one) Parent/Guardian A and B Parent/Guardian A Parent/Guardian B
- 6B** Identify the kind of business and/or farm _____
- 6C** Percentage of ownership _____ % **6D** Business/Farm Assets \$ _____ **6E** Business/Farm Debts \$ _____
- 6F** Self-employment tax paid for 2019 \$ _____

7 Total Nontaxable Income

	2019	Estimated 2020
7A Child support received for all children	_____	_____
7B Social Security benefits for entire family	_____	_____
7C Payments to tax-deferred pension and savings plans shown on W-2 form(s)	_____	_____
7D Pretax contributions or employer-provided untaxed contributions to HRA	_____	_____
7E Cash support, gifts, or money paid on your behalf (from relatives or non-relatives)	_____	_____
7F Household expenses and any money paid by separated or divorced spouse in lieu of child support	_____	_____
7G Earned income credits, welfare benefits, veterans benefits, workers compensation	_____	_____
7H Income from tax-exempt investments	_____	_____
7I Other untaxed income and/or benefits not included above	_____	_____

D Family Assets and Debts

8 Real Estate Home Rent Own *If you rent your family residence, skip to question #9*

- 8A** Year purchased _____ **8B** Purchase price \$ _____ **8C** Present market value \$ _____ **8D** Unpaid principal on 1st mortgage \$ _____ **8E** Monthly payment on 1st mortgage \$ _____

8F Do you have a second mortgage on this home? Yes No

8G Do you have a home equity loan on this home? Yes No

8H If you answered "yes to 8F or 8G, describe purpose of loan in section 28

8I Year of 2nd Mortgage 	8J Year of Home Equity Loan 	8K Unpaid principal on these loans \$ _____	8L Monthly payment on these loans \$ _____
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- 8M** All other real estate Describe in section 28 **8N** Number of locations _____ **8O** Total purchase price \$ _____ **8P** Present market value \$ _____ **8Q** Unpaid principal on 1st mortgage \$ _____ **8R** Monthly payment on 1st mortgage \$ _____

	2019	Estimated 2020
9 If you rent your family residence, show the MONTHLY rent payment for 2019 and what you estimate for 2020	\$ _____	\$ _____

Vehicles

- 10** List all family cars (if more than three cars are owned or leased, list additional cars in section 28)
- | | Current debt | Annual lease cost |
|---|--------------|---|
| 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 car payment or lease payments \$ _____ | | \$ _____ |

- 11** List all boats and other recreational vehicles owned or leased (If more than one, list additional vehicles in section 28)
- (make, model, year) _____ Own \$ _____ Lease \$ _____

Other Assets/Debts

- 12** Bank accounts - total of parents' check and savings (interest-bearing and non-interest-bearing) accounts \$ _____
- 13** Investments (stocks, bonds, mutual funds, CDs, 529 and Coverdell savings plans) \$ _____
Note: Do not leave blank or write "0" if your 1040 or Schedule 1 shows interest income, capital gains or dividends.
- 14** Debts (include educational debts of parents, past medical/dental expenses, past funeral expenses, past legal fees, debts for investments, or living expenses if business failure, prolonged illness, unemployment, etc., have depleted assets) Itemize in section 28. \$ _____
- 14A** Amount in 13 planned to be paid in 2020 \$ _____
- 15** Consumer debts (such as credit cards) not included in item 14. Itemize in section 28. \$ _____

E Additional Family Information

Educational Expenses

- 16** How many children, including the student applicant(s), are/will be receiving support from you in 2020? _____
- 17** How many children entered in question 16 will be attending full-time childcare, or tuition-charging schools, preschools, or college in 2020-21? _____

For items 18 and 19: Please provide information for all children. The number of children should be the same as entered in item 16. List student applicants first, but include all children, including those not applying for aid. If more than 4 children, list additional children in section 28.

18 Current School Year (2019-20)

A. Full Name	B. Name of current child care, preschool, school or college	C. Grade/year in school or college	D. Age	E. Cost of child care, preschool, school or college	Amount from each source used to pay this year's tuition in Item 18E:			
					F. Parent or Guardian	G. Financial aid award	H. Loan	I. Friends, relatives, trust funds, other
1. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

19 Next School Year (2020-21)

A. Full Name	B. Name of child care, preschool, school or college to be attended	C. Grade/year in school or college	D. E. Check appropriate boxes					Estimate the amount available from each source to pay next year's tuition:		
			D. Lives with you	E. Child Care	Public School	Private School	College	F. Parent or Guardian	G. Financial aid award	H. Friends, relatives, trust funds, other
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"/>	\$ _____	\$ _____	\$ _____

- 20** How much can you afford for educational expenses for the 2020-21 academic year for each student listed in Section B? (DO NOT LEAVE BLANK) \$ _____ Student A Student B Student C
- 21** How much can you afford for educational expenses for the 2020-21 academic year for each student listed in item 18? (DO NOT LEAVE BLANK) \$ _____

Other Expenses

	2019	Estimated 2020
22 Total paid for medical/dental insurance <input type="checkbox"/> Employer-provided	\$ _____	\$ _____
23 Total medical/dental expenses not reimbursed by insurance companies	\$ _____	\$ _____
24 Total employment-related child care expenses	\$ _____	\$ _____
25 Annual cost of clubs, sports, or school activities over \$250 in 2019	\$ _____	\$ _____
26 Cost of camps and lessons in 2019	\$ _____	\$ _____
27 Costs of vacations in 2019	\$ _____	\$ _____

28

Use this space to explain all highlighted items with an entry other than zero, and any unusual circumstances or expenses.

Trinity Lutheran School may be unable to grant financial assistance without an explanation of highlighted items, or if your application is not completed in full.

Applications for aid without supporting tax information will NOT be processed.

**Submit this application with pages 1 and 2 of your 2019 1040 and Schedule 1 to:
Trinity Lutheran School, Attn: Financial Aid, 1361 7th Ave SW, Cedar Rapids, IA 52404**

Please mark out any Social Security numbers shown on your tax forms.

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 information 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 _____