



**C Family Income** YOU MUST ATTACH PG. 1 & 2 OF YOUR 2020 1040 & SCHEDULE 1 TO BE CONSIDERED FOR SCHOLARSHIPS

**5 Basic Tax Information**

- 5A** Tax returns for 2020 are  Completed  Estimated
- 5B** Income tax filing status for 2020:  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 2021 (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 2020 \$ \_\_\_\_\_

**7 Total Nontaxable Income**

	2020	Estimated 2021
<b>7A</b> Child support received for all children	_____	_____
<b>7B</b> Social Security benefits for entire family	_____	_____
<b>7C</b> Payments to tax-deferred pension and savings plans shown on W-2 form(s) (Box _____)	_____	_____
<b>7D</b> Pretax contributions or employer-provided untaxed contributions to HRA or H _____	_____	_____
<b>7E</b> Cash support, gifts, or money paid on your behalf (from relatives or non-relatives)	_____	_____
<b>7F</b> Household expenses and any money paid by separated or divorced spouse in lieu of child support	_____	_____
<b>7G</b> Earned income credits, welfare benefits, veterans benefits, workers compensation	_____	_____
<b>7H</b> Income from tax-exempt investments	_____	_____
<b>7I</b> 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

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**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

<b>8I</b> Year of 2nd Mortgage	<b>8J</b> Year of Home Equity Loan	<b>8K</b> Unpaid principal on these loans	<b>8L</b> Monthly payment on these loans
_____	_____	\$ _____	\$ _____

**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 \$ \_\_\_\_\_

	2020	Estimated 2021
<b>9</b> If you rent your family residence, show the MONTHLY rent payment for 2020 and what you estimate for 2021	\$ _____	\$ _____

**Vehicles**

	Current debt	Annual lease cost
<b>10</b> List all family cars (if more than three cars are owned or leased, list additional cars in section 28)		
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 \$ _____
<b>Total annual car payment or lease payments</b>	\$ _____	\$ _____

**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) . . . . . \$ \_\_\_\_\_  
*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 14 planned to be paid in 2021 . . . . . \$ \_\_\_\_\_
- 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 . . . . . \_\_\_\_\_
- 17** How many children entered in question 16 will be attending full-time childcare, or tuition-charging schools, preschools, or college in 2021-22? \_\_\_\_\_

**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 (2020-21)**

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 (2021-22)**

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 2021-22 academic year for each student listed in Section B on page 1? (DO NOT LEAVE BLANK) . . . . . \$ \_\_\_\_\_ Student A      Student B      Student C
- 21** How much can you afford for educational expenses for the 2021-22 academic year for each student listed in item 19? (DO NOT LEAVE BLANK) . . . . . \$ \_\_\_\_\_

**Other Expenses**

	2020	Estimated 2021
<b>22</b> Total you paid for medical/dental insurance <input type="checkbox"/> Employer-provided . . . . .	\$ _____	\$ _____
<b>23</b> Total medical/dental expenses not reimbursed by insurance companies . . . . .	\$ _____	\$ _____
<b>24</b> Total employment-related child care expenses . . . . .	\$ _____	\$ _____
<b>25</b> Annual cost of clubs, sports, or school activities over \$250 in 2020 . . . . .	\$ _____	\$ _____
<b>26</b> Cost of camps and lessons in 2020 . . . . .	\$ _____	\$ _____
<b>27</b> Costs of vacations in 2020 . . . . .	\$ _____	\$ _____

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 2020 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 \_\_\_\_\_