

Trinity Lutheran School
Attn: Financial Aid
1361 7th Ave SW
Cedar Rapids, IA 52404

Parents' Financial Statement (PFS)
2026-27 Academic Year
Deadline: Friday, 5/1/2026
Mail, hand-deliver, or scan & email to powellp@trinitycr.org

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 *mmddyy*

Email

Phone Home ☐ Work ☐ Cell ☐ Send notifications 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 *mmddyy*

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 *mmddyy* Gender ☐ M ☐ F Grade student will enter in Fall 2026

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 2026

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 2026

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 29.

C Family Income

YOU MUST ATTACH PG. 1 & 2 OF YOUR 2025 1040 & SCHEDULE 1 TO BE CONSIDERED FOR SCHOLARSHIPS

5 Basic Tax Information

5A Tax returns for 2025 are ☐ Completed ☐ Estimated

5B Income tax filing status for 2025: ☐ 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, attach a copy of the completed Schedule 1**

5D Do you expect any changes to your income for 2026 (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 2025 \$ _____

7 Total Nontaxable Income

2025

Estimated 2026

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) (Box 12, Code E)	_____	_____
7D	Pretax contributions or employer-provided untaxed contributions to HRA or HSA	_____	_____
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 29

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 29

8N Number of locations

8O Total purchase price
\$ _____

8P Present market value
\$ _____

8Q Unpaid principal on 1st mortgage
\$ _____

8R Monthly payment on 1st mortgage
\$ _____

9 If you rent your family residence, show the MONTHLY rent payment for 2025 and what you estimate for 2026:

2025

Estimated 2026

\$ _____ \$ _____

Vehicles

10 List all family cars (if more than three cars are owned or leased, list additional cars in section 29)

		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 MONTHLY 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 29)

(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 29.** \$ _____

14A Amount in 14 planned to be paid in 2026 \$ _____

15 Consumer debts (such as credit cards) not included in item 14. **Itemize in section 29.** \$ _____

E Additional Family Information

Educational Expenses

16 How many children, including the student applicant(s), are/will be receiving support from you in 2026? _____

17 How many children entered in question 16 will be attending full-time childcare, or tuition-charging schools, preschools, or college in 2026-27? _____

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 29.

18 Current School Year (2025-26)

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 (2026-27)

A. Full Name	B. Name of child care, preschool, school or college to be attended	C. Grade/year in school or college	D. 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 2026-27 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 2026-27 academic year for each student listed in item 19? **(DO NOT LEAVE BLANK)** \$ _____

Other Expenses

22 Total you paid for medical/dental insurance ☐ Employer-provided **2025** **Estimated 2026**
\$ _____ \$ _____

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 2025 \$ _____ \$ _____

26 Cost of camps and lessons in 2025 \$ _____ \$ _____

27 Costs of vacations in 2025 \$ _____ \$ _____

28 If you are PAYING court-ordered child support, state the amount of MONTHLY payments. (Do not include payments you are receiving) \$ _____ \$ _____

29

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 2025 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
