

2016-2017 EMBRACING OUR FUTURE TUITION ASSISTANCE

Dear Lourdes Catholic School Families,

As the new school year is quickly approaching, please keep in mind when registering for the 2016-2017 school year Embracing Our Future is still providing tuition assistance. The application process remains the same however; there are requirements/guidelines that are need to be followed to avoid receiving less than 100% of the assistance applied for. The requirements are as follows:

- For maximum grant funding, 2016-2017 applications are due by **JUNE 30TH**. This deadline is also for the receipt of additional information requested for incomplete applications postmarked before June 15th. Incomplete applications postmarked between June 15th and June 30th will be given a 2 week extension from the date EOF requests additional information.
- Applications postmarked **after JUNE 30th deadline** will lose funding eligibility by school year quarters as follows:

- *Postmarked between August 1st and September 30th will be eligible for funding for 2nd, 3rd and 4th quarters.*
- *Postmarked between October 1st and November 30th will be eligible for funding for 3rd and 4th quarters.*
- *Postmarked between December 1st and January 31st will be eligible for funding for 4th quarter only.*
- *Postmarked after January 31st will be ineligible for funding for the 2016-2017 school year.*

Failure to provide the correct supportive documentation or neglecting to complete the application in all necessary fields is some of the reasons for the deadline and requirements. To avoid a delay in your application, here are a couple suggestions for a complete application:

- 1.) *If a section of the application is not applicable to the family, a notation should be made by writing N/A.*
- 2.) *There are 4 spots on the reverse side of the application that require the applicant's initials. Without these initials, and the subsequent signature, the application cannot be processed.*
- 3.) *Applications must be accompanied by the family's current IOWA 1040 tax form ONLY. UNLESS, the family didn't file taxes in Iowa.*
- 4.) *Applications must be accompanied by Schedule C, E and/or F forms if they are part of the family's tax return.*
- 5.) *Tax forms are needed from ALL NON-DEPENDENT INCOME EARNING MEMBERS of the household. This includes boyfriends, girlfriends, and spouses of remarried biological parents.*

We hope this information is helpful when completing your application. If you have further questions regarding the application, application process or procedures, please contact Liz Powers at 563-326-5313 ext. 228 or by email at liz.powers@assumptionhigh.org. Thank you for your understanding and time regarding this important matter.

Please do not staple.

SCOTT COUNTY K - 12
CATHOLIC SCHOOLS
2016-2017 FAMILY TUITION PLAN APPLICATION

Office Use Only

R	
E	
C	NP

DO NOT LEAVE ANY SECTION OF THIS APPLICATION BLANK - IF AN AREA DOES NOT APPLY, WRITE N/A.

Adult 1	PARENT, GUARDIAN, or OTHER ADULT RESPONSIBLE FOR TUITION
First and Last Name _____	Relationship to student(s) _____
Address _____	City, State, Zip _____
Home Phone _____	Work Phone _____
Cell Phone _____	Email _____
Which local parish do you support? _____	Best way to contact with questions _____
If you are employed by a local Catholic school, please list the school name here: _____	

Adult 2	PARENT, GUARDIAN, or OTHER ADULT RESIDING WITH ADULT 1
First and Last Name _____	Relationship to Adult 1 _____
Relationship to student(s) _____	Cell Phone _____
Work Phone _____	Email _____
If you are employed by a local Catholic school, please list the school name here: _____	

Dependents LIST ALL DEPENDENTS IN ORDER OF OLDEST TO YOUNGEST. FOR SCHOOL AGED DEPENDENTS, LIST THE SCHOOL(S) FOR WHICH YOU ARE SEEKING ASSISTANCE.				
Dependent Last Name	Dependent First Name	Relationship to Adult 1	2016-17 School Name	2016-17 Grade

Household Information	
<p>Please list any non-dependents living in your home (anyone not listed above) and provide their relationship to Adult 1:</p> <p>Name _____ Relationship _____</p> <p>Name _____ Relationship _____</p> <p>Name _____ Relationship _____</p> <p>Do you receive and/or pay child support?</p> <p><input type="checkbox"/> Receive \$ _____ (monthly)</p> <p><input type="checkbox"/> Pay \$ _____ (monthly)</p> <p><input type="checkbox"/> Neither</p>	<p>Current marital status/housing arrangements of Adult 1 (check all that apply):</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Single (never married) <input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried</p> <p><input type="checkbox"/> Residing with Significant Other</p> <p><input type="checkbox"/> Other _____</p> <p>Who is responsible for K-12 tuition for dependents listed in section 3?</p> <p><input type="checkbox"/> Father _____% Student Name _____</p> <p><input type="checkbox"/> Mother _____% Student Name _____</p> <p><input type="checkbox"/> Other _____% Student Name _____</p> <p>If above dependents are not claimed on the accompanying tax return, who claimed student(s) as tax dependents in 2015?</p> <p>_____</p>

Housing Information	
Do you own or rent your home? _____	
<p>If renting, what is monthly rent? \$ _____</p> <p>Portion paid by Adult 1: \$ _____</p> <p>Portion paid by other sources: \$ _____</p>	<p>If you own, what is monthly mortgage? \$ _____</p> <p>Portion paid by Adult 1: \$ _____</p> <p>Portion paid by other sources: \$ _____</p>
If a portion is paid by other sources, please list those sources here: _____	

DO NOT LEAVE ANY SECTION OF THIS APPLICATION BLANK - IF AN AREA DOES NOT APPLY, WRITE N/A.

NON-TAXABLE INCOME				
PLEASE LIST TOTAL MONTHLY NON-TAXABLE INCOME FOR ALL RECIPIENTS. IF NONE RECEIVED WRITE \$0 OR N/A.				
ALIMONY	CHILD SUPPORT	FOOD ASSISTANCE	SOCIAL SECURITY INCOME	DEPENDENT SOCIAL SECURITY
\$	\$	\$	\$	\$
UNEMPLOYMENT	LOANS/GIFTS FROM FAMILY AND/OR FRIENDS		FIP (Family Investment Program)	OTHER: _____
\$	\$		\$	\$

EXPLANATIONS (IF NEEDED)

If your 2015 Iowa 1040 Tax Return does not accurately represent your current income or family situation, please explain below IN DETAIL, providing documentation when available. A separate sheet may be attached if needed.

- Change of work status*
 Recent Separation/Divorce
 Extreme medical expenses
 Change in number of dependents

* If any party has had a change in income or employer in the last 12 months, please include copies of their last 3 pay stubs.

APPLICATION CHECKLIST - Application will be returned if checklist is not complete.

- I have included **2015 IOWA 1040 TAX RETURNS** for **ALL** income earning household members not listed as dependents on reverse.
 - I did not file 2015 taxes in Iowa, but have included my 2015 Federal 1040 Tax Return.
 - I was not required to file taxes but have included documentation for non-taxable income listed above.
 - I have filed for an extension and have included a copy of my 2015 Extension for Filing Request and W2 forms for all income earning household members not listed as dependents on reverse.
- I have included **SCHEDULE C, E, AND/OR F TAX FORMS** if they were a part of my 2015 Federal Tax Return.
- I have verified that all areas of this application are complete, and have written N/A in sections that do not apply to my family.
- I understand that incomplete applications will be returned, and as a result my application will be delayed.

I verify that all information on this application is true and correct. INITIAL _____

I verify that the tax returns accompanying this application is a true copy of my filed return. INITIAL _____

I understand that grants received outside the Family Tuition Plan may affect FTP grant amounts. INITIAL _____

I understand that applications postmarked after **June 30, 2016** will not receive full funding. INITIAL _____

Signature _____

Date _____

Complete applications and required income documentation should be sent to P.O. Box 1597, Davenport, IA 52809.

ALLOW 6 WEEKS FOR PROCESSING. LETTERS WILL BE SENT TO APPLICANTS AND SCHOOLS WHEN THE APPLICATION PROCESS IS COMPLETE.