



2022-2023 Tuition Assistance Application

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.

Dependent Last Name	Dependent First Name	2022-2023 Grade	Relationship to Adult 1

Household Information

Below list anyone not listed above who is living in your home and provide their relationship to Adult 1:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Do you receive and/or pay child support?

Receive \$ _____ (monthly)

Pay \$ _____ (monthly)

Neither

Current housing arrangements of Adult 1 (check all that apply):

Married Single (never married) Divorced

Separated Widowed Remarried

Residing with Significant Other Residing with Parents

Other _____

Applicant is responsible for _____% of K-8 Catholic school students' tuition. If not 100%, who is responsible for remainder? _____ If minor child(ren) are not claimed on the accompanying tax return, who claimed them? _____

Housing Information

If renting, what is monthly rent? \$ _____

Portion paid by Adults 1 & 2: \$ _____

If own, what is monthly mortgage? \$ _____

Portion paid by Adults 1 & 2: \$ _____

If a portion is paid by other sources, including family, renters, or government housing assistance, please list those sources here: _____

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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 2021 State 1040 Tax Return does not accurately represent your current income or family situation, please explain below **IN DETAIL** that will allow us to properly adjust your income/application information (if necessary). Please provide documentation of noted changes when available/requested. A separate sheet may be attached.

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

* If there has been a change in income/employer in the last 12 months, copies of that wage earner's last 3 pay stubs or documentation of unemployment/other jobless benefits are necessary to process your application.

Did you apply for financial assistance with Embracing Our Future-Family Tuition Plan?

- Yes, applied.
 Received assistance.
 Have not received assistance.

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

- I have included **2021 State 1040 TAX RETURNS** for **ALL** income earning household members not listed as dependents on reverse.
- I did not file 2021 taxes in State, but have included my 2021 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 2021 Extension for Filing Request and W2 forms for all income earning household members not listed as dependents on reverse.
- I have included my **SCHEDULE C, E, AND/OR F TAX FORMS** if they were a part of my 2021 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 _____

Signature _____

Date _____

Complete applications and required income documentation should be sent to Our Lady of Lourdes, Attn: Tuition Assistance Committee, 1414 Mississippi Blvd., Bettendorf, IA 52722. Allow 6 weeks for processing.

Letters will be sent to applicants once application process is complete.