

DEADLINE: Postmarked or hand-delivered by 4/28/17

**A Household Information**

Parent/Guardian A

1 Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Country \_\_\_\_\_ Gender  M  F Date of Birth *mmddyy* \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  Home  Work  Cell Send correspondence via: (select one)  Mail  Email  
Occupation \_\_\_\_\_ *TLS considers Parent/Guardian A the primary contact to whom  
correspondence will be sent.*  
Employer \_\_\_\_\_ Years with company \_\_\_\_\_

Parent/Guardian B

1 Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_  
 Address same as Parent/Guardian A Address \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Country \_\_\_\_\_ Gender  M  F Date of Birth *mmddyy* \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  Home  Work  Cell  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Years with company \_\_\_\_\_

2 Complete this item *only* if student applicants' 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 \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**B Student Applicant Information**

Complete this section for **each** child applying

Student A

3 Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of birth *mmddyy* \_\_\_\_\_ Gender  M  F Grade student will enter in September 2017 \_\_\_\_\_  
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 September 2017 \_\_\_\_\_  
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 September 2017 \_\_\_\_\_  
4 Student lives with: (select one)  Parent/Guardian A and B  Parent/Guardian A  Parent/Guardian B  Other



Family Income YOU MUST ATTACH PG. 1 & 2 OF YOUR 2016 1040 or 1040A TO BE CONSIDERED FOR SCHOLARSHIPS

6 Basic Tax Information

- 6A Tax returns for current year (2016) are: [ ] Completed [ ] Estimated
6B Income tax filing status for 2016: [ ] 1. Single [ ] 2. Married, joint return [ ] 3. Married, filing separately [ ] 4. Head of household [ ] 5. Do not file
6C How many federal income tax exemptions did you or will you claim for 2016? (Form 1040 or 1040A, line 6D)
6D IRS total itemized deductions from IRS schedule A (Form 1040, line 40. Does not apply if you filed Form 1040A)
6E Total federal tax paid (Form 1040, line 63, or 1040A, line 28)

7 Total Taxable Income

Table with 3 columns: Description, 2016, Estimated 2017. Rows include Salaries and wages for Parent/Guardian A and B, Taxable dividends and/or interest income, Alimony received, Other taxable income, etc.

Business and/or Farm Details Complete this section only if you own a business and/or farm (see instructions). Complete the SSS Business/Farm Statement if required by the school(s) to which you are applying.

- 7I Net profit/loss from business and/or farm (if loss, use parentheses around figures) Form 1040, line 12. Does not apply if you filed Form 1040A
7J Select the owner of the business and/or farm: (select only one) [ ] Parent/Guardian A and B [ ] Parent/Guardian A [ ] Parent/Guardian B
7K Identify the kind of business and/or farm
7L Percentage of ownership % 7M Business/Farm Assets \$ 7N Business/Farm Debts \$
7O Self-employment tax paid \$

8 Total Nontaxable Income

- 8A Child support received for all children
8B Social security benefits for entire family
8C Other nontaxable income (complete the worksheet on page 4 of the PFS and enter totals here)

9 Student Income and Assets

Table with 5 columns: Student A, Student B, Student C. Rows include student applicant earnings for 2016 and 2017, Did/will the student applicant file a federal tax return for 2016?, Student assets.



Family Assets and Debts

Table with 7 columns: Real Estate, 10A Year purchased, 10B Purchase price, 10C Total property insurance carried, 10D Present market value, 10E Unpaid principal on 1st mortgage, 10F Annual payments on 1st mortgage. Rows include Home (if owned), 10G Do you have a second mortgage on the home listed in 10?, 10H Do you have an equity loan on the home listed in 10?, 10I If so, describe the purpose of the second mortgage and/or equity loan in area 32., 10J Year of 2nd mortgage, 10K Year of equity loan, 10L Unpaid principal on 2nd mortgage/equity loan(s), 10M Annual payments on 2nd mortgage/equity loan(s), 10N All other real estate (see instructions), 10O Number of locations, 10P Total purchase price, 10Q Total property insurance carried, 10R Present market value, 10S Unpaid principal on 1st mortgage, 10T Annual payments on 1st mortgage, 11 If you rent your family residence, provide total amount of annual rent you paid for 2016 and what you estimate for 2017.

**Vehicles**

- 12** List all family cars (if more than three cars are owned or leased, list additional cars in area 32).
- |                              |  |                              |          |                                |          |
|------------------------------|--|------------------------------|----------|--------------------------------|----------|
| 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 lease/car expenses**    \$ \_\_\_\_\_    \$ \_\_\_\_\_
- 13** List all boats and other recreational vehicles owned or leased (if more than one vehicle, list additional vehicles in area 32).  
(make, model, year) \_\_\_\_\_  Own \$ \_\_\_\_\_  Lease \$ \_\_\_\_\_

**Other Assets/Debts**

- 14** Bank accounts—total of parents' checking and savings (interest-bearing and noninterest bearing) accounts ..... \$ \_\_\_\_\_
- 15** Investments—net value (stocks, bonds, mutual funds, etc.—see instructions) ..... \$ \_\_\_\_\_  
Do not include value of pensions, retirement plans, IRA's, SEP's, or Keoghs.
- 16** Debts (see list of acceptable debts in the instructions) ..... \$ \_\_\_\_\_
- 16A** Amount in 16 planned to be paid during 2017 ..... \$ \_\_\_\_\_
- 17** Consumer debts (see instructions) ..... \$ \_\_\_\_\_

**E Additional Family Information**

**Educational Expenses**

- 18** How many children, including the student applicant(s), are/will be receiving support from you in 2017? \_\_\_\_\_
- 19** How many children entered in question 18 will be attending full-time childcare, tuition-charging preschools, schools, or colleges in 2017-2018? \_\_\_\_\_
- For items 20 and 21, please provide information below for all children. Enter first and last names. The number of children should be the same as entered in item 18. List student applicants first, in the same order as in Section B (A, B, and C). List all children, those applying for aid and those not applying for aid. Continue in area 32 if necessary.

**20 Current Year (2016-2017)**

A. Full name	B. Name of current child care, preschool, school or college (2016-17)	C. Grade/year in school or college	D. Age	E. Cost of child care, preschool, school or college	<b>List the amount from each source used to pay this year's tuition (20E):</b>				
					F. Parent or Guardian	G. Financial aid award	H. Loan	I. Student's assets & earnings	J. Friends, relatives, trust funds, & other sources explain in 32
1. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**21 Next Year (2017-2018)**

A. Full name	B. Name of child care, preschool, school or college to be attended (2017-18)	C. Grade/year in school or college	D.	E. Check appropriate boxes	F.	<b>Estimate the amount available from each source to pay next year's tuition:</b>						
			Living w/ person filing	Child care	Public school	Private school	College	Have/will apply for aid	G. Parent or Guardian	H. Financial aid award	I. Student's assets & earnings	J. Friends, relatives, trust funds, & other sources explain in 32
1. _____	_____	_____	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____

- |   |                  |                  |                  |
|---|------------------|------------------|------------------|
| <b>22</b> How much can you afford for educational expenses for the 2017-2018 academic year for each student applicant? Do not leave blank. .... | <b>Student A</b> | <b>Student B</b> | <b>Student C</b> |
|   | \$ _____         | \$ _____         | \$ _____         |
- 23** How much can you afford for educational expenses for the 2017-2018 academic year for all students listed in item 20? Do not leave blank. ....

**Other Expenses**

- |   |             |                       |
|---|-------------|-----------------------|
|   | <b>2016</b> | <b>Estimated 2017</b> |
| <b>24</b> Total medical/dental expenses not reimbursed by insurance companies.....  | \$ _____    | \$ _____              |
| <b>24A</b> Total paid for medical/dental insurance plans .....  | \$ _____    | \$ _____              |
| <b>25</b> Unusual expenses (see lists of acceptable and nonacceptable expenses in the instructions).....  | \$ _____    | \$ _____              |
| <b>26</b> Total employment-related child care expenses .....  | \$ _____    | \$ _____              |
| <b>27</b> Is there an employee retirement plan for: Parent/Guardian A? <input type="checkbox"/> Yes <input type="checkbox"/> No    Parent/Guardian B? <input type="checkbox"/> Yes <input type="checkbox"/> No        |             |                       |
| <b>28</b> Face value of parents' life insurance policies: <input type="checkbox"/> Term life <input type="checkbox"/> Whole life <input type="checkbox"/> Universal life <input type="checkbox"/> Single-Premium Life | \$ _____    |                       |
| <b>29</b> Annual cost of clubs requiring dues over \$250 in 2016 .....  | \$ _____    |                       |
| <b>30</b> Costs of camps and lessons in 2016 .....  | \$ _____    |                       |
| <b>31</b> Costs of vacations in 2016 .....  | \$ _____    |                       |

# Nontaxable Income Worksheet

**8C Schedule—other nontaxable income breakdown/detail. Complete this schedule for item 8C:**

	2016	Estimated 2017
Payment to tax-deferred pension and savings plans as reported on W-2 forms(s). Include amounts withheld from earnings for qualified retirement plans, such as 401(k) and 403(b) plans. Do <i>not</i> report amounts entered in 7F. . . . .	\$ _____	\$ _____
Pretax contribution or employer-provided untaxed income from fringe benefit plans ( <i>cafeteria or 125 plans</i> ). . . . .	\$ _____	\$ _____
Cash support, gifts, or money paid on your behalf ( <i>from relatives or non-relatives</i> ). . . . .	\$ _____	\$ _____
Household expenses and any money paid by separated or divorced spouse in lieu of child support. . . . .	\$ _____	\$ _____
Housing, food and other living allowances ( <i>excluding rent for low-income housing</i> ) paid on your behalf or to you as a member of the military, clergy, or other occupation ( <i>including cash payments and cash value of benefits</i> ), or contributions to your household income provided by other non-dependent members. . . . .	\$ _____	\$ _____
Earned income credits, welfare benefits, veterans benefits, workers compensation . . . . .	\$ _____	\$ _____
Income from tax-exempt investments . . . . .	\$ _____	\$ _____
Income earned abroad ( <i>Foreign Income Exclusion, IRS Form 2555, or 2555EZ</i> ). . . . .	\$ _____	\$ _____
Other untaxed income and benefits not included above. . . . .	\$ _____	\$ _____
<b>Totals</b>	\$ _____	\$ _____

Enter these totals in PFS item 8C for 2016 and 2017

**32** Use this space to explain all circled items with an entry other than zero (0) and any unusual circumstances or expenses. Once completed, please send this application with one copy of the front and back of your 2016 IRS 1040 or 1040A directly to: Trinity Lutheran School, Attn: Financial Aid, 1361 7th Ave. SW, Cedar Rapids, IA 52404.

Trinity Lutheran School may be unable to grant financial assistance without an explanation of circled items. Applications for aid without supporting tax information will not be processed.

## 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 data 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 \_\_\_\_\_