

# **Tuition Assistance Packet**

**DEADLINE:** 5/02/16 (for school year 2016/2017)

# 1. Form #1 (PSAS Application) – complete manually or electronically

Complete Form #1 manually, attach a check or money order for \$31 (made payable to PSAS), and all financial documents required. Missing documentation will make the application ineligible. Mail to PSAS. *See pages 2-9*.

OR

Complete Form #1 electronically via the online application. See online application instructions on the school website. *See pages 10-14*.

PSAS is an independent company that evaluates the financial need of each applicant and ranks all applicants based on financial need. This information is sent to the school Tuition Assistance Committee to help with the awarding of tuition assistance. PSAS does not provide tuition assistance, they provide a report to the school showing the most needy applicants.

# 2. Form #2 (Tuition Assistance Request Form )

Complete Form #2. Deliver to Catholic of Pointe Coupee Business Office. This form will be reviewed by the Tuition Assistance Committee to determine eligibility for assistance. *See pages 15-16*.

During June, tuition assistance is distributed by the committee based on need and can range from \$500 - \$1,500.

# **Criteria for Financial Assistance**

- 1. There must be space available in the class
- 2. Applicant must be registered for the upcoming school year
- 3. Applicant cannot be a first-time student
- 4. Assistance is based primarily on financial need, but school and church involvement is also taken into consideration.



# **Student Aid Form**

2016 2017

PARENT NAME

Catholic School of Pointe Coupee New Roads, LA

School Code: 4781 (SCHL) PSAS: 0511 P-R-N-B (PK-12)



OFFICE USE ONLY

This form must be submitted no later than MAY 2, 2016.

# TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:

Please note: This application requires documentation for income received in 2015.

- 1. Detailed copies of all pages and Schedules of your 2015 Federal Income Tax Return Form 1040 1040A, or 1040EZ (as filed with the IRS) for individuals listed in Sections A and B. Recaps and/or Summary Forms are not acceptable. If you file Schedule(s) A, C, E, F or a statement of dependence, you must provide copies. If you earned income outside the US, provide all income documentation. If you have not yet filed, or are not required to file a tax return, see the REQUIRED DOCUMENTATION section of the INSTRUCTIONS.
- 2. Copies of all **2015** W-2 Wage and Tax Statement Forms, all **2015** 1099/1099R for Interest/Dividends, Pensions Annuities and/or Misc. Income Forms for individuals listed in Sections A and B (**Please make sure all documentation is copied on regular 8<sup>1</sup>/<sub>2</sub> x 11 paper documentation <u>CANNOT</u> be returned).**
- 3. Documentation of TOTAL AMOUNTS received in **2015** for all Non-Taxable Income (see Section G for specific requirements).
- 4. Check or Money Order payable to PRIVATE SCHOOL AID SERVICE for the non-refundable application fee of \$31.00. Payment by check or electronic funds transfer (ACH) is your express authorization that if the payment is returned unpaid for any reason you consent to have your bank account electronically debited twice by PSAS or its third party payment processor or collections agency. One debit will recover the item amount and the second debit will be the charge for applicable returned check and collection fees as allowed by law.
- 5. This application form filled out in its entirety, signed and dated by the individuals listed in Sections A and B.

IMPORTANT: If the above items do not accompany this application, your application will not be considered complete.

PSAS does not make final financial aid decisions. You will not receive results from PSAS. For more comprehensive instructions, please visit <a href="https://www.psas.org/instructions">www.psas.org/instructions</a>.

Keep a copy of this completed application and all documentation for your records.

Derent Guard	ion or Other Ad	ı ile		ORM //	Guardia	2 Or C	)tho	r A duilé			
Responsible f	ian, or Other Ad or Tuition	uit			t, Guardian ng with Pa			r Adult			
heck One: O Father C	Mother Step-Fa	ather O Step-M	other O Other A	dult Check One: O	Father O M	1other	O St	ep-Father	O Step-Mot	ther (	Other Adu
	<u></u>						П	<u>.</u>			
ast Name	First N	ame		M.I. Last Name			F	irst Name			
		1	1	-	_				1	1	
ocial Security Number		Date of Birth		Social Security N	lumber		_	Date	of Birth		
ddress		Apar	rtment # (if applical	ble) Address			Т		Apartr	ment #	(if applicable
ity		Stat	e Zip Code	City					State	Ziı	p Code
			-		_					T  -	
Area Code Primary Pho	ne	Area Code Sec	ondary Phone	Area Code Pi	rimary Phone			Area (	Code Secor	ndary F	Phone
mail Address (REQUIRED	)			Email Address (R	REQUIRED)						
nployed By			How long? (yea	ars) Employed By						Ном	/ long? (year
referred Contact: O Prir	nary Phone O Se	condary Phone	E-mail	Preferred Contact	t: O Primar	y Phone	. (	Seconda	ry Phone	) E-1	
Go Green: Check this b	ox if you wish to recei	ive all correspond	lence electronically	y. Go Green: C	heck this box	if you w	ish to	receive all	corresponde	nce ele	ectronically.
If you are self-employed	l, please check and re	fer to Section K of	of this form.	If you are cold	f_employed n	laaca ch	ook c			thin for	
				ii you are sen	i-employed, p	icase ci	ieck a	ind refer to	Section K of	triis ioi	rm.
C Dependents			of oldest to younge	est, <u>including</u> college st	tudents, even	if you aı	e not	applying fo			
<b>C</b> Dependents			of oldest to younge	*	tudents, even	if you aı	e not	applying fo			
	each dependent's r	relation to Parent	of oldest to younge /Guardian A: child, ber of dependent o	est, <u>including</u> college st foster child, grandchild children who will attend	dudents, even d, etc. <b>DO NO</b>	if you ar	e not /E B hool	applying fo	r aid for that	studer	nt. Indicate
	each dependent's r	relation to Parent	of oldest to younge /Guardian A: child, ber of dependent c K: # in Elei	est, <u>including</u> college st foster child, grandchild children who will attend mentary School:	tudents, even d, etc. DO NO l a tuition cha # in Seconda	if you ar OT LEA  rging so ary Scho	re not /E Bl :hool	applying fo	f 2016? ollege:	studen	
DO NOT LEAVE BLAN	# in Daycare:	relation to Parent	of oldest to younge /Guardian A: child, ber of dependent c K: # in Elei	est, <u>including</u> college st foster child, grandchild children who will attend	tudents, even d, etc. DO NO l a tuition cha # in Seconda hool student	rging so ary Scho	e not /E B hool	applying fo LANK.  in the fall of # in C  ing Amount feel I/W	f 2016?  ollege:  I/We Tuiting charge	studen  To  on ged	otal:
DO NOT LEAVE BLAN	# in Daycare:	Num # in Pre-	of oldest to younge /Guardian A: child, ber of dependent of K: # in Elet Relation to Parent/	est, including college st foster child, grandchild children who will attend mentary School:	# in Secondarhool student of 2016.	if you and T LEA' rging so ary Scho	re not /E Bl :hool ol:	applying fo LANK. in the fall of # in C ing Amount feel I/W pay to tuitio	2016?  Solitor and for that  2016?	studen  To  on ged	nt. Indicate
DO NOT LEAVE BLAN  Dependent Last Name	# in Daycare:	# in Pre-	of oldest to younge /Guardian A: child, ber of dependent of K: # in Elet Relation to Parent/	est, including college st foster child, grandchild children who will attend mentary School:  ame, city, and state of sci plans to attend in the fall	# in Secondarhool student of 2016.	rging so ary Scho Grade in the fall of	chool chool Apply for A Yes	# in County feel I/W pay too.  No (PER YI)	2016?  Solitor and for that  2016?	studen  To  on ged	otal:
Dependent Last Name	# in Daycare:	# in Pre-	of oldest to younge /Guardian A: child, ber of dependent of K: # in Elet Relation to Parent/	est, including college st foster child, grandchild children who will attend mentary School:  ame, city, and state of sci plans to attend in the fall NOT LEAVE BLANK OR A	# in Secondarhool student of 2016.	rging so ary Scho Grade in the fall of	chool chool Apply for A Yes	# in C  # in C  # in C	2016?  Solitor and for that  2016?	studen  To  on ged	otal:
DO NOT LEAVE BLAN  Dependent  Last Name	# in Daycare:	# in Pre-	of oldest to younge /Guardian A: child, ber of dependent of K: # in Elet Relation to Parent/	est, including college st foster child, grandchild children who will attend mentary School:  ame, city, and state of sciplans to attend in the fall NOT LEAVE BLANK OR A	# in Secondarhool student of 2016.	rging so ary Scho Grade in the fall of	chool chool Apply for A Yes	applying fo LANK.  in the fall of # in C  ing d? No (PER YI)	2016?  Solitor and for that  2016?	studen  To  on ged	otal:
Dependent Last Name	# in Daycare:	# in Pre-	of oldest to younge /Guardian A: child, ber of dependent of K: # in Elet Relation to Parent/	children who will attended att	# in Secondarhool student of 2016.	rging so ary Scho Grade in the fall of	chool chool Apply for A Yes	# in County feel I/W pay too.  No (PER YI)	2016?  Solitor and for that  2016?	studen  To  on ged	otal:
Dependent Last Name	# in Daycare:	# in Pre-	of oldest to younge /Guardian A: child, ber of dependent of K: # in Elet Relation to Parent/	children who will attended att	# in Secondarhool student of 2016.	rging so ary Scho Grade in the fall of	Apply for A Yes	applying fo LANK.  in the fall of # in C  # in C  Amount feel I/W pay to tuitio (PER YI	2016?  Solitor and for that  2016?	studen  To  on ged	otal:
Dependent Last Name	# in Daycare:	# in Pre-	of oldest to younge /Guardian A: child, ber of dependent of K: # in Elet Relation to Parent/	children who will attended att	# in Secondarhool student of 2016.	rging so ary Scho Grade in the fall of	Apply for A Yes	applying fo LANK.  in the fall of # in C  ing d? No (PER YI)	2016?  Solitor and for that  2016?	studen  To  on ged	otal:
Dependent Last Name	# in Daycare:	# in Pre-	of oldest to younge /Guardian A: child, ber of dependent of K: # in Elet Relation to Parent/	est, including college st foster child, grandchild children who will attend mentary School:  ame, city, and state of sci plans to attend in the fall NOT LEAVE BLANK OR A School Name  City and State  School Name  City and State  School Name	# in Secondarhool student of 2016.	rging so ary Scho Grade in the fall of	e not /E B	applying fo LANK.  in the fall of # in C  ing Amount feel I/W pay too tuitio (PER YI	2016?  Solitor and for that  2016?	studen  To  on ged	otal:
Dependent Last Name	# in Daycare:	# in Pre-	of oldest to younge /Guardian A: child, ber of dependent of K: # in Elet Relation to Parent/	est, including college st foster child, grandchild children who will attend mentary School:  Tame, city, and state of sciplans to attend in the fall NOT LEAVE BLANK OR A School Name  City and State  School Name  City and State  School Name  City and State  City and State	# in Secondarhool student of 2016.	rging so ary Scho Grade in the fall of	e not /E B	applying fo LANK.  in the fall of # in C  # in C  Amount feel I/W pay to tuitio (PER YI	2016?  Solitor and for that  2016?	studen  To  on ged	otal:
Dependent Last Name	# in Daycare:	# in Pre-	of oldest to younge /Guardian A: child, ber of dependent of K: # in Elet Relation to Parent/	est, including college st foster child, grandchild children who will attend mentary School:  Tame, city, and state of sci plans to attend in the fall NOT LEAVE BLANK OR A School Name  City and State  School Name  City and State  School Name  City and State  School Name	# in Secondarhool student of 2016.	rging so ary Scho Grade in the fall of	Apply for A Yes	applying fo LANK.  in the fall of # in C  ing Amount feel I/W pay to tuitio (PER YI	2016?  Solitor and for that  2016?	studen  To  on ged	otal:
Dependent Last Name	# in Daycare:	# in Pre-	of oldest to younge /Guardian A: child, ber of dependent of K: # in Elet Relation to Parent/	cest, including college st foster child, grandchild children who will attend mentary School:  Tame, city, and state of sci plans to attend in the fall NOT LEAVE BLANK OR A School Name  City and State  City and State	# in Secondarhool student of 2016.	rging so ary Scho Grade in the fall of	Apply for A Yes	applying fo LANK.  in the fall of # in C  ing Amount feel I/W pay too tuitio (PER YI	2016?  Solitor and for that  2016?	studen  To  on ged	otal:
Dependent Last Name	# in Daycare:  Dependent First Name	# in Pre-I	of oldest to younge /Guardian A: child, ber of dependent of K: # in Eler Relation to Parent/ Guardian A DO	children who will attend mentary School:  ame, city, and state of sci plans to attend in the fall in the fall in the school Name  City and State  School Name	# in Secondarhool student of 2016.	rging so ary Scho Grade in the fall of	Apply for A Yes	applying fo LANK.  in the fall of # in C  ing Amount feel I/W pay to tuitio (PER YI	2016?  Solitor and for that  2016?	studen  To  on ged	otal:
Dependent Last Name	# in Daycare:  Dependent First Name	# in Pre-I	of oldest to younge /Guardian A: child, ber of dependent of K: # in Eler Relation to Parent/ Guardian A DO	children who will attend mentary School:  ame, city, and state of sci plans to attend in the fall in the fall in the school Name  City and State  School Name	# in Secondarhool student of 2016.	rging so ary Scho Grade in the fall of	Apply for A Yes	applying fo LANK.  in the fall of # in C  ing Amount feel I/W pay to tuitio (PER YI	2016?  Solitor and for that  2016?	studen  To  on ged	otal:
Dependent Last Name  Dependent Last Name  Please check if addition  Household In  Number of individuals we	# in Daycare:  Dependent First Name  anal dependents are Information	# in Pre-	of oldest to younge /Guardian A: child, ber of dependent of K: # in Eler  Relation to Parent/ Guardian A  DO  Position   Position	est, including college st foster child, grandchild children who will attend mentary School:  ame, city, and state of sci plans to attend in the fall NOT LEAVE BLANK OR A School Name  City and State	# in Seconda hool student of 2016. ABBREVIATE	rging so ary Scho Grade in the fall of 2016	e not /E B	applying fo LANK.  in the fall of # in C  ing Amount feel I/W pay too No (PER YI	if 2016? college:  I/We e can vard on? care to the college of the	Toon ged per nnt?	otal:  Office Use Only
Dependent Last Name  Please check if addition  Household In  Number of individuals with school year:	# in Daycare:  Dependent First Name  Place of the property of	# in Pre-  Date of Birth  listed on a separatur household duri	of oldest to younge /Guardian A: child, ber of dependent of K: # in Eler  Relation to Parent/ Guardian A DO  Parent/ Guardian A DO  rate sheet.	est, including college st foster child, grandchild children who will attend mentary School:  ame, city, and state of sci plans to attend in the fall NOT LEAVE BLANK OR A School Name  City and State  City and State  City and State  School Name  City and State  City and State  City and State  School Name  City and State	# in Seconda hool student of 2016. ABBREVIATE	rging so rging so ary Scho Grade in the fall of 2016	e not /E B	applying fo LANK.  in the fall of # in C  ing Amount feel I/W pay tow (PER YI	if 2016?  college:  I/We e can vard on? care time the college can vard on college can	studen  Too on ged per nnt?  dian A	otal:  Office Use Only
Dependent Last Name  Please check if addition  Household In  Number of individuals we	# in Daycare:  Dependent First Name  Place of the property of	# in Pre-  Date of Birth  listed on a separatur household duri	of oldest to younge /Guardian A: child, ber of dependent of K: # in Eler  Relation to Parent/ Guardian A DO  Parent/ Guardian A DO  rate sheet.	est, including college st foster child, grandchild children who will attend mentary School:  ame, city, and state of sci plans to attend in the fall NOT LEAVE BLANK OR A School Name  City and State	# in Seconda hool student of 2016. ABBREVIATE  al status /ho ever Married*	rging so rging so ary Scho Grade in the fall of 2016	e not /E B	applying fo LANK.  in the fall of # in C  ing Amount feel I/W pay tow (PER YI	if 2016? college:  I/We e can vard on? care to the college of the	tuden  To on ged per nnt?	otal:  Office Use Only

1. Date of separation (Month/Year) \_\_\_\_\_ 2. Date

2. Date of divorce (Month/Year) \_\_\_\_\_

3. Non-custodial parent (Last, First, M.I.) \_\_\_\_\_\_ 4. Who claimed student as a tax dependent in 2015? \_\_\_\_\_

5. Wh	o is responsible for the tuition for	Child Support (per year)				
		Names of students	Percent of tuition	Received	Paid	☐ Neithe
Father	Name:	father is responsible for:	paid (per student):%	\$	\$	- IVCILITO
		Names of students	Percent of tuition	□ Received	Paid	☐ Neithe
Mother	Name:	mother is responsible for:	paid (per student):%	\$	\$	- Neitric
		Names of students	Percent of tuition	Received	Paid	☐ Neithe
Other	Name:	other is responsible for:	paid (per student):%	\$	\$	- IVCILITO

Taxable Income (Answers in	US\$ ONLY)		<b>G</b> Non-Taxable Income (Answers in U	JS\$ ONLY)
The <b>2015</b> federal tax return for student's househ	old was:		List the <b>total amount</b> received from <b>1/1/15-12/31/15</b> for al <b>DO NOT</b> list monthly amounts	s. '
O Not filed yet (See Required Documenta			10. Child Support	\$ pe
O I/We do not file. I/We only receive non-ta	xable income - Go	to Section G	11. Cash Assistance (TANF)	\$ pe
	Actual 2015	Estimate 2016	12. Food Stamps (SNAP)	\$ pe
Total number of exemptions claimed on Federal			a. Medicaid received in 2015? O Yes O No	
Income Tax form.			13. Social Security income (SSA/SSD, etc.)	•
Parent/Guardian A total taxable income from W-2	•	<b>c</b>	(Provide documentation for all recipients in household.)	\$ pe
wages (Box 1). Total income for Parent A only	\$	\$	Social Security income ( <u>SSI Only</u> )  Total received in 2015	\$*
Parent/Guardian B total taxable income from W-2 wages (Box 1). <i>Total income for Parent B only</i>	\$	\$	(Provide documentation for all recipients in household.	
	¥	. •	14. Student loans and/or grants received for PARENT's education	on
Net business income* from self-employment, farm, rentals, and other businesses. (*Go to Section K)			(Not college attending dependents or students listed in Sect	
(Attach Schedules C, E, and/or F from your IRS 1040) See 2015 1040 lines 12, 17, and 18	\$	¢	a. Total received in 2015	\$*
,	Ψ	. Ψ	b. Total used for living expenses	\$ pe
Other non-work taxable income from interest, dividends, alimony, unemployment, and non-			15. Housing Assistance (Sec. 8, HUD, etc.)	\$ pe
business income. See 2015 1040 lines 8a, 9a-11, 13,	\$	¢	a. Religious Housing Assistance	
14, 15b, 16b, 19-21; See 2015 1040A lines 8a-14b	Φ	. Ψ	(parsonage, manse, etc.)	
Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A, or 1040EZ.			Total received in 2015	**
See 2015 1040 line 36 or 1040A line 20	\$	. \$	<ol> <li>Other non-taxable income (Working for cash, Adoption and or Foster Subsidy, Worker's Comp., Disability, Pension/</li> </ol>	d/
Total "Adjusted Gross Income" as reported on your			Retirement, etc. Identify source(s) in Section L)	\$ pe
IRS 1040, 1040A, or 1040EZ. See 2015 1040 line 37 or 1040A line 21	\$	\$	a. Any and all Military/VA Benefits and/or Compensation	
	¥	, ¥ <u></u>	Total received in 2015 (Identify source(s) in Section L)	\$ pe
Total Tax Paid as reported on your IRS 1040, 1040A, or 1040EZ. <b>See 2015 1040 line 63 or 1040A</b>			17. Loans/Gifts from friends or relatives	\$ pe
line 39	\$	\$	18. Personal Savings/Investment Accounts used for household	
. Medical/Dental expenses as reported on Schedule	\$	<b>c</b>	expenses (Do not include totals listed in Section I)	\$ pe
A, line 1 of your IRS 1040 form.	Φ	. ⊅	19. Total non-taxable income for <b>2015</b>	\$ pe
b. Charitable Contributions as reported on Schedule A, line 19 of your IRS 1040 form.	\$	\$	*You must provide 2015 YEAR-END documentation for items 11-16 from the appropriate Public Agency, or documentation showin	
				•
Housing Information (DO NO	) I LEAVE BLA	ANK)	Assets & Investments (Current Val	lues)
). Do you rent or own your residence?	O Rent O	Own (go to line 22)	23. Total amount in cash, checking, and savings accounts	\$
If renting, what is the monthly rental payment	? \$		24. Total value of money market funds, mutual funds,	
			stocks, bonds, CDs, or other securities	\$
a. Amount paid by household	\$	per month	25. Total value of IRA, Keogh, 401K, SEP, or other retirement accounts	\$
b. Amount paid by other source(s)	\$	per month	What was your total contribution to your retirement	*
c. Are you current on your monthly payment?			, and the second of the second	
	Yes O	Vo	account(s) in 2015 (IRA, Keogh, 401K, SEP, etc.)?	\$
		No	account(s) in <b>2015</b> (IRA, Keogh, 401K, SEP, etc.)?  26. If you own real estate other than your primary residence	· ———
If No, what was the total amount paid in 20		No		· ———
If No, what was the total amount paid in 20		No 	26. If you own real estate other than your primary residence	e:
If No, what was the total amount paid in 20		No	26. If you own real estate other than your primary residence a. What is the fair market value?	e:
If No, what was the total amount paid in 20 2. If you own a residence:  a. What is the current market value?		No	<ul> <li>26. If you own real estate other than your primary residence a. What is the fair market value?</li> <li>b. What is the amount still owed?</li> <li>27. Do you own a business? Yes O No If Yes, please go to Section</li> </ul>	e: \$ \$
If No, what was the total amount paid in 20 2. If you own a residence:  a. What is the current market value?  b. What is the amount still owed, including	\$\$ \$	No	<ul> <li>26. If you own real estate other than your primary residence a. What is the fair market value?</li> <li>b. What is the amount still owed?</li> <li>27. Do you own a business? Yes O No If Yes, please go to Sectiona. What is the fair market value of your business?</li> </ul>	e: \$s
If No, what was the total amount paid in 20 2. If you own a residence:  a. What is the current market value?		No	<ul> <li>26. If you own real estate other than your primary residence a. What is the fair market value?</li> <li>b. What is the amount still owed?</li> <li>27. Do you own a business? Yes O No If Yes, please go to Section</li> </ul>	e: \$ \$
If No, what was the total amount paid in 20 2. If you own a residence:  a. What is the current market value?  b. What is the amount still owed, including	\$\$ \$	No	<ul> <li>26. If you own real estate other than your primary residence a. What is the fair market value?</li> <li>b. What is the amount still owed?</li> <li>27. Do you own a business?  Yes No If Yes, please go to Section a. What is the fair market value of your business?</li> <li>b. What is the amount still owed?</li> <li>28. Do you own a farm? Yes No</li> </ul>	e: \$ss
If No, what was the total amount paid in 20 2. If you own a residence:  a. What is the current market value?  b. What is the amount still owed, including home equity loans?  c. What is the monthly mortgage payment?	\$\$ \$\$	per month	<ul> <li>26. If you own real estate other than your primary residence a. What is the fair market value?</li> <li>b. What is the amount still owed?</li> <li>27. Do you own a business? Yes O No If Yes, please go to Section a. What is the fair market value of your business?</li> <li>b. What is the amount still owed?</li> <li>28. Do you own a farm? Yes O No If Yes, please go to Section</li> </ul>	e: \$ss
If No, what was the total amount paid in 20 2. If you own a residence:  a. What is the current market value?  b. What is the amount still owed, including home equity loans?  c. What is the monthly mortgage payment?  d. Are you current on your monthly payment?	\$\$ \$\$ Yes O I	per month	<ul> <li>26. If you own real estate other than your primary residence a. What is the fair market value?</li> <li>b. What is the amount still owed?</li> <li>27. Do you own a business? Yes No If Yes, please go to Section a. What is the fair market value of your business?</li> <li>b. What is the amount still owed?</li> <li>28. Do you own a farm? Yes No If Yes, please go to Section a. What is the fair market value of your farm?</li> </ul>	e: \$ss
If No, what was the total amount paid in 20 2. If you own a residence:  a. What is the current market value?  b. What is the amount still owed, including home equity loans?  c. What is the monthly mortgage payment?	\$\$ \$\$ Yes O I	per month	<ul> <li>26. If you own real estate other than your primary residence a. What is the fair market value?</li> <li>b. What is the amount still owed?</li> <li>27. Do you own a business? Yes O No If Yes, please go to Section a. What is the fair market value of your business?</li> <li>b. What is the amount still owed?</li> <li>28. Do you own a farm? Yes O No If Yes, please go to Section</li> </ul>	e: \$ss
If No, what was the total amount paid in 20.  If you own a residence:  a. What is the current market value?  b. What is the amount still owed, including home equity loans?  c. What is the monthly mortgage payment?  d. Are you current on your monthly payment?	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	per month	<ul> <li>26. If you own real estate other than your primary residence a. What is the fair market value?</li> <li>b. What is the amount still owed?</li> <li>27. Do you own a business? Yes No If Yes, please go to Section a. What is the fair market value of your business?</li> <li>b. What is the amount still owed?</li> <li>28. Do you own a farm? Yes No If Yes, please go to Section a. What is the fair market value of your farm?</li> <li>b. What is the fair market value of your farm?</li> <li>b. What is the amount still owed?</li> </ul>	e: \$ss
If No, what was the total amount paid in 20  If you own a residence:  a. What is the current market value?  b. What is the amount still owed, including home equity loans?  c. What is the monthly mortgage payment?  d. Are you current on your monthly payment?  If No, what was the total amount paid in 20  Unusual Circumstances (Ch	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	per month No ply to your situa	26. If you own real estate other than your primary residence a. What is the fair market value? b. What is the amount still owed?  27. Do you own a business?  Yes No If Yes, please go to Section a. What is the fair market value of your business? b. What is the amount still owed?  28. Do you own a farm?  Yes No If Yes, please go to Section a. What is the fair market value of your farm? b. What is the amount still owed?  ation within the past 12 months)	e: \$sss
If No, what was the total amount paid in 20 2. If you own a residence:  a. What is the current market value?  b. What is the amount still owed, including home equity loans?  c. What is the monthly mortgage payment?  d. Are you current on your monthly payment?  If No, what was the total amount paid in 20  Unusual Circumstances (Ch	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	per month No  ply to your situa	26. If you own real estate other than your primary residence a. What is the fair market value? b. What is the amount still owed?  27. Do you own a business?  Yes No If Yes, please go to Section a. What is the fair market value of your business? b. What is the amount still owed?  28. Do you own a farm?  Yes No If Yes, please go to Section a. What is the fair market value of your farm? b. What is the fair market value of your farm? b. What is the amount still owed?  ation within the past 12 months)	e:
If No, what was the total amount paid in 20 2. If you own a residence:  a. What is the current market value?  b. What is the amount still owed, including home equity loans?  c. What is the monthly mortgage payment?  d. Are you current on your monthly payment?  If No, what was the total amount paid in 20  Unusual Circumstances (Ch	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	per month  No  ply to your situatory  expenses	26. If you own real estate other than your primary residence a. What is the fair market value? b. What is the amount still owed?  27. Do you own a business?  Yes No If Yes, please go to Section a. What is the fair market value of your business? b. What is the amount still owed?  28. Do you own a farm?  Yes No If Yes, please go to Section a. What is the fair market value of your farm? b. What is the amount still owed?  ation within the past 12 months)  i. Death in the family	e: \$sss

Parent/Guardian A:Print Name	SS#:
Business Owners or Self-Employed Individuals (2015 Estimates	)
If you have not filed your <b>2015</b> Tax Return, and are Self-Employed, own a business, rental	
property, and/or a farm please provide an estimate of your income - <b>DO NOT LEAVE BLANK</b> 1. What is your total estimated <b>GROSS</b> business income?	\$\$ \$\$
2. What is your total NET business taxable income/loss? (DO NOT LEAVE BLANK)	\$ \$ \$
3. If your business pays your home rent or mortgage, what is the annual total?	\$ \$
If your business pays for your personal automobile, what is the annual total?	\$ \$
5. If your business pays any portion of other personal expenses, list total amount and explain in	·
	\$
6. If you own rental property: What was the total amount of Rental Income received?	· <del></del>
Explanations (Use this space to explain any answers which may need of	clarification.)
Certification, Authorization, and Documentation Requirements	
Octanication, Authorization, and Bocamentation requirements	
WHAT IS REQUIRED TO PROCESS	THIS APPLICATION
(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION	,
This application form filled out in its entirety, SIGNED AND DATED BELOW by the A check or money order made payable to PRIVATE SCHOOL AID SERVICE in the a	* * * * * * * * * * * * * * * * * * * *
If you have filed a If you have not yet filed a	If you do not file an IRS
2015 IRS Form 1040: 2015 IRS Form 1040:	Form 1040 AND receive only
A complete photocopy of your 2015 Form 1040, 1040A, or 1040EZ (as filed or 1040EZ (as filed with the IRS, with all Schedule	
with the IRS, including all Schedules).  W-2 Forms, <b>2015</b> 1099/1099R, or 1098 Forms for an	statement (TANF, etc.). Food Stamp documentation,
2015 W-2 Forms, 2015 1099/1099R, earning adult residing with the applicant(s). If this applicant is submitted after April 15, 2016, you must provide	3
or 1098 Forms for any wage-earning adult residing with the applicant(s).  of the 2015 Extension for Filing Request, as approach the IRS and a copy of your last filed tax return.	Security income statements showing TOTAL AMOUNTS received in 2015 for ALL members of the household.
An electronic recap of this written application is available for an additional \$5 fee. You the electronic recap. Please check this box and include an additional \$5 with your proyou have entered on this application (recap does <b>NOT</b> include final results).	
	Foo \$24.00
Checkout  → Non-Refundable Application Processing  □ Electronic Recap Fee (optional)	\$5.00 \$5.00
*Please make checks payable to PSAS	Total
I/We declare that the information on this form is true, correct, and complete to the best of my/our knowledge. I/We au the schools and programs named in Section C under contract with PSAS. I/We understand that Parent A and Parent desired or enrolled school for the children listed in Section C, and I/We authorize PRIVATE SCHOOL AID SERVICE to A or Parent B on my behalf.	t B can change the schools and programs named in Section C based on changes in the
→ Parent/Guardian A Date Parent/Gu	ardian B Date
This Student Aid Form (SAF), all attachments and an analysis of your SAF are sent only to the school (You will not receive results from PSAS. No other agency will see or receive any	(s) or agencies contracting with PSAS subject to your authorization above.

Mail completed application and photocopies of all documentation to:

# INTRODUCTION

**PRIVATE SCHOOL AID SERVICE (PSAS)** is under contract with the school, school system, or organization from which you obtained this application for tuition assistance. Our purpose is to provide a reasonable assessment of the ability of each family to pay for the education of their children at private and independent elementary and secondary schools.

Your Student Aid Form, all attachments, and an analysis of your SAF are sent only to the school(s) or agencies contracting with PSAS. **No other agency will receive any information about this application or its attachments.** 

PRIVATE SCHOOL AID SERVICE does not make any decisions about recipients and amounts of financial aid awarded. Recipients and amounts of aid are determined by the designated school or agency. YOU WILL NOT RECEIVE RESULTS FROM PRIVATE SCHOOL AID SERVICE.

# **INSTRUCTIONS**

# A&B Parent, Guardian or Other Adult

This form should be filled out by the parent, guardian or other adult responsible for the tuition of the child or children attending a private or independent school contracting with PSAS. If the parents/guardians are divorced or separated, only the parent responsible for the tuition and any other adult residing in the household should fill out the form. If tuition is shared, each responsible party must complete a Student Aid Form (SAF) if financial aid is needed.

Answer *all questions* for both parent(s), stepparent(s), or guardian(s) responsible for tuition for the dependent(s) listed in Section C. **Do not leave any questions blank.** If natural parents are divorced, separated or single, answer all questions in Section E. If natural parents are divorced/separated and remarried, list information for custodial parent and new spouse. If either parent answers "self-employed," and has not filed a tax return, complete Section K. If you provide your email address to PSAS, it will be used for application related communication only. Your email address will also be provided to the organizations you list in Section C as part of your application. Your email address will not be shared with any other third party.

### CALCULATIONS ARE BASED ON TOTAL HOUSEHOLD INCOME.

# C Student Information

List all dependent children residing in your household in order of oldest to youngest. Indicate date of birth and the relation to Parent/Guardian A listed in Section A of the application (i.e. child, grandchild, foster child, stepchild, etc.). If your dependents will be enrolled in any tuition charging school or agency next fall (including daycare, preschool, elementary school, high school, college, or trade school), list the name of the school, city and state where the school is located. List the grade your child(ren) will enter next fall (2016-2017); the amount you feel you can pay toward tuition per year, and the amount of tuition charged per student per year.

If "No" is checked for a student listed in Section C, that student will not be considered for tuition assistance. For all additional dependents, use a separate sheet.

**NOTE:** The information regarding tuition charged per student assists PSAS in making the most equitable analysis of your ability to pay for private education. If you are unsure, please estimate.

# **D** Household Information

**ITEM 1:** Enter total number of individuals living in the household. Include any college students claimed on the tax return. Do not include children who have moved out of the home. Include all family members dependent on and residing with the parent listed in Section A.

**ITEM 2:** Check the appropriate box indicating custodial parents' marital status. If parents are single, divorced, remarried, or separated, complete Section E.

# Single, Divorced, Remarried, or Separated Parents

If dependent(s) parents are divorced or separated, or do not reside in the same household, the custodial parent must provide the information requested in Section E about the non-custodial parent.

If the date of separation took place in the year 2015, PSAS will require copies of any tax returns filed jointly or independently by both parent(s)/guardian(s) for 2015. Be sure to estimate the income in Section F for 2016.

**ITEM 5:** Indicate who is responsible for tuition and what percentage for the dependents listed in Section C. List the total amount of child support actually received by custodial parents listed in Sections A & B. List the total amount received and the total amount paid for **2015**.

# Taxable Income (Answers in US\$ ONLY)

List all actual amounts for 2015 and estimated amounts for 2016.

**ITEM 1:** Enter the total number of exemptions you claimed on your **2015** IRS Form 1040, 1040A, or 1040EZ.

**ITEM 2:** Enter the total **2015** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION A. Attach all copies of **2015** W-2 forms and/or **2015** 1099 forms from all employers.

**ITEM 3:** Enter the total **2015** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION B. Attach all copies of **2015** W-2 forms and/or **2015** 1099 forms from all employers.

**ITEM 4:** Enter the total net income from business (attach Schedule C or C-EZ), all rents, royalties, partnerships (attach Schedule E), and all farm income or loss (attach Schedule F). If you have received income from any of these sources and are estimating your income for **2015**, you must also fill out Section K of this application. (See **2015** 1040 lines 12, 17, and 18, enter sum total.)

ITEM 5: Enter the total of all other taxable income from interest, dividend income (attach Schedule B if over \$400), taxable refunds, credits or offsets of state and local income taxes, alimony received, capital gain or loss (attach Schedule D). List all capital gain distributions not previously reported, total IRA distributions (if rolled-over, explain in Section L), pensions and annuities, unemployment compensation, taxable social security benefits, and any other taxable income. Attach copies of all Form 1099/1099R, and/or Form 1098 for Interest/Dividends, Pensions/Annuities or other misc. income. Attach copies of Social Security Income statements and Unemployment Compensation documentation for year-end 2015. (See 2015 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21, or 1040A lines 8a-14b, enter sum total.)

ITEM 6: Enter allowable adjustments to income, such as IRA payments, self-employment tax, self-employed health insurance deduction, Keogh retirement plan and self-employed SEP deductions, penalty on early savings withdrawals, and alimony paid. Add together to arrive at your total adjustments. DO NOT include your standard deduction or deduction amounts for each family member. (See 2015 1040 line 36, or 1040A line 20.)

**ITEM 7:** Enter total adjusted gross income as reported on your IRS Form 1040, 1040A or 1040EZ. Attach all pages of the applicable tax form (1040, 1040A, 1040EZ) for documentation. (See **2015** 1040 line 37, or 1040A line 21.)

ITEM 8: Enter the Total Tax paid (not withheld) as reported on your IRS Form 1040, 1040A, or 1040EZ. (See 2015 1040 line 63, or 1040A line 39.)

**ITEM 9a:** Enter the total of any medical and dental expenses as reported on Schedule A, line 1 of your IRS Form 1040 (attach Schedule A).

**ITEM 9b:** Enter the total amount of Charitable Contributions as reported on Schedule A, line 19 of your IRS Form 1040 (attach Schedule A).

# G

### Non-Taxable Income (Answers in US\$ ONLY)

If you receive non-taxable income, you must list and provide documentation of the TOTAL YEARLY AMOUNTS received in 2015 for all recipients in the household for the following: Cash Assistance (TANF), Food Stamps, Social Security income, Student loans and/or grants (received for PARENT's education), Housing assistance (Section 8, HUD, etc.), Worker's Compensation, Disability or Retirement

**ITEM 10: Child support:** Report total amount received for **2015** for all children in the household.

ITEM 11: Cash Assistance (TANF): Report total amount received for 2015.

**ITEM 12: Food Stamps (SNAP):** Report total amount received for **2015**. Do not combine with TANF or Medicaid.

ITEM 12a: Did you receive Medicaid in 2015?

**ITEM 13: Social Security benefits:** Report the total non-taxable (**SSA/SSD**, **etc.**) amount received in **2015** for all recipients in household.

ITEM 13a: Social Security benefits: Report the total non-taxable (SSI ONLY) amount received in 2015 for all recipients in household.

**ITEM 14: Student loans and/or grants:** Report the total amount received in **2015** for PARENT'S education. <u>Do not list loans, grants or scholarships received for dependents in Section C</u>. Identify how much of this income was used for household expenses in **2015**.

ITEM 15: Housing assistance: Report the total amount received for 2015. Identify in Section L all sources of Housing assistance (government assistance, Section 8, HUD, family/friends or other sources), including monies received toward rental/mortgage payments and/or utilities.

ITEM 15a: Religious Housing assistance: Report the total amount received for 2015.

ITEM 16: Other non-taxable income: Report all additional non-taxable income received in 2015 including: Working for cash, Deductible IRA or Keogh payments; untaxed portions of pensions; tax exempt interest income; foreign income exclusion; Workers' Compensation; cash support or any money paid on your behalf, including support from a non-custodial parent or any other person (do not include court ordered support here); adoption and/or foster care subsidy, or any other benefit or income not subject to taxation by any government (Refugee Assistance, etc.). Identify source(s) in Section L.

ITEM 16a: Any and all Military/VA Benefits and/or Compensation: Provide your Leave and Earnings Statement (if applicable) and report the total amount received for 2015 of food and other living allowances paid to members of the military, veterans non-education benefits (Death Pension, Dependency and Indemnity Compensation, etc.), VA Educational Work-Study, etc. Identify source(s) in Section L.

ITEM 17: Loans/Gifts received from friends or relatives: Report the total amount received in 2015.

**ITEM 18: Personal Savings/Investment Accounts:** Report the total amount used in **2015** for household expenses.

ITEM 19: Total non-taxable income for 2015: Add together Items 10-18.

# Н

### **Housing Information**

ITEMS 20 and 21: If you rent your home or apartment, list your monthly rental or lease payment here, including amounts paid by household and other sources.

ITEM 21c: Indicate whether you are current on your monthly rental payment and if not, what the actual amount was that you paid in 2015.

**ITEM 22a:** Determine the present value of the family home and list it. Local real estate agents should be able to help you if you are unsure.

ITEM 22b: Check with your lending institution and enter the amount still owed, including second mortgages.

ITEM 22d: Indicate whether you are current on your monthly mortgage payment and if not, what the actual amount was that you paid in 2015.

# 1

### Assets and Investments

ITEM 23: List total of current balances in cash, savings, and checking accounts. Do not include IRAs or Keoghs.

ITEM 24: List total current market value of money market funds, mutual funds, stocks, bonds, CDs or other securities.

**ITEM 25:** List total current market value of all retirement funds, including IRA, Keogh, 401K, and SEP plans or other retirement accounts. List total amount contributed in **2015** for Item 25a.

**ITEM 26:** Answer Items 26a and 26b for any and all investment real estate (not including the family's primary residence), if applicable. **Do not list the value of your home.** Second homes, rental properties, and land contracts should be included.

ITEM 27: If you own a business, check the Yes box and answer Items 27a and 27b. If you have not filed your 2015 tax return, complete Section K of this application.

ITEM 28: If you own a farm, check the Yes box and answer Items 28a and 28b. If you have not filed your 2015 tax return, complete Section K of this application.

### **Unusual Circumstances**

Check any and all items that apply to your situation. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying and also include a letter of explanation with this application.

# K

# **Business Income**

Provide 2015 Business Income Estimates if you have not filed your 2015 Tax Return.

ITEM 1: List estimated total GROSS business income for 2015.

ITEM 2: List estimated total NET taxable business income/loss for 2015.

ITEM 3: List the total amount paid by business in 2015 for home rent or mortgage.

 $\textbf{ITEM 4:} \ \, \textbf{List the total amount paid by business in 2015 for personal automobile.}$ 

**ITEM 5:** List the total amount of personal expenses paid by business in **2015** that do not fall into one of the categories above.

ITEM 6: List total amount of estimated rental income received in 2015.

If providing income estimates for more than one business, corporation or farm (Schedule C, Schedule E and/or Schedule F) please list information for each business, corporation or farm separately. Use additional sheet or Section L, if necessary.

# L

# **Explanation**

If any specific question requires clarification, write a brief explanation in this space. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying.

# M

# Certification, Authorization, and Documentation Requirements

You **must** sign the form in this section. Your signature authorizes PSAS to release the form and attachments to the contracting schools indicated in Section C. By signing the form, you also certify that the information submitted is correct. This application CANNOT be processed without the appropriate signature(s) and the appropriate documentation.

# **REQUIRED DOCUMENTATION**

### If you have filed your 2015 IRS Form 1040:

You must submit photocopies of all pages of your **2015** Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules, **2015** W-2 Forms, **2015** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). *Do not include your State tax return unless requested.* 

# If you have not filed your 2015 IRS Form 1040:

You must submit photocopies of all **2015** W-2 Forms, **2015** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s), and photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules). *If this application is submitted after April 15, 2016, you must provide a copy of the 2015 Extension for Filing Request, as approved by the IRS.* 

If you are an Independent Contractor or self-employed and have *not* filed your 2015 IRS form 1040:

You must complete Section K and submit photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules), 2015 W-2 Forms, 2015 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). If this application is submitted after April 15, 2016, you must provide a copy of the 2015 Extension for Filing Request, as approved by the IRS.

# If you receive non-taxable income:

You must submit photocopies of your 2015 YEAR-END (01/01/15 - 12/31/15) Cash Assistance documentation (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Student loan and/or grant documentation (for PARENT's education), Social Security Income statements, showing the TOTAL AMOUNT received in 2015 for ALL members of the household. If you list any total for line 16, you must identify source(s) in Section L.

IF YOU EARNED INCOME OUTSIDE THE US, PROVIDE ALL DOCUMENTATION OF INTERNATIONAL INCOME.

# Along with your application, you must include:

# Copies of your 2015 Form 1040, 1040A, or 1040EZ (all pages) | 1040 | Cuportment of the Trissupy—Neural Reviews Service | Serv

# **Documentation Checklist**

- □ Copies of all pages of your 2015 IRS Form 1040, 1040A, or 1040EZ including all Schedules.
- Copies of *ALL* W-2 and 1099 Forms for individuals listed in Sections A and B (All documentation should be copied on regular 8<sup>1</sup>/<sub>2</sub> x 11 paper).
- ☐ Copies of all required non-taxable income documentation.

Keep a copy of this completed application and all documentation for your records. For more comprehensive instructions, visit www.psas.org/instructions.

# Copies of your 2015 W-2 Forms FROM ALL EMPLOYERS

	a Employee's social security number					
		OMB No. 154				
b Employer identification number (EIN)			1 Wa	Wages, tips, other compensation     Pederal income tax withheld		
c Employer's name, address, and ZIP code			3 So	cial security wages	4 Social security tax withheld	
			5 Me	dicare wages and tips	6 Medicare tax withheld	
			7 So	cial security tips	8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial	Last name	Suff.	49 Stat	nqualified plans	12a	
			14 Other		12c	
					12d	
f Employee's address and ZIP cod	e					
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Localty name	
W-2 Wage and Statement Copy 2—To Be Filed With Emplacement Tax Return		2015	<u> </u>	Department o	f the Treasury—Internal Revenue Service	

# Copies of your 2015 1099 Forms (where applicable)

PAYER'S name, street address, city or foreign postal code, and telephon		untry, ZIP	1 Rents	OMB No. 1545-0115			
or foreign postal code, and telephone no.			\$ 2 Royalties	2015	Miscellaneou Incom		
			\$	Form 1099-MISC			
			3 Other income \$	4 Federal income tax	withheld	Copy C	
PAYER'S federal identification number	PAYER'S federal identification number RECIPIENT'S identification number			6 Medical and health care			
			s	\$			
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments dividends or interest		For Privacy Ac and Paperworl Reduction Ac	
Street address (including apt. no.)			\$ 9 Payer made direct sales of	\$ 10 Crop insurance pro	ceeds	Notice, see the	
City or town, province or state, country, and ZIP or foreign postal code			\$5,000 or more of consumer products to a buyer (recipient) for resale ▶	\$		Instructions for Certain	
			11 Foreign tax paid \$	12 Foreign country or U.S. p	ossession	Information Returns	
Account number (see instructions)	21	nd TIN not	.13 Excess golden parachute payments	14 Gross proceeds pai attorney	id to an		
15a Section 409A deferrals	15b Section 409A income		\$ 16 State tax withheld	\$ 17 State/Payer's state	no.	18 State income	
\$	\$		\$			\$ \$	

If you do not have all of the documentation required:

Contact the IRS for a transcript of your complete 1040, 1040A, or 1040EZ, and any Schedules, etc. Contact your employer for a copy of your W-2. Contact the appropriate company for a copy of your 1099.

# **Avoiding the Most Common Errors**

# THE MOST COMMON ERROR THAT APPLICANTS MAKE IS SENDING THE APPLICATION INCOMPLETE. IN ORDER FOR AN APPLICATION TO BE REVIEWED. IT MUST INCLUDE:

- All pages of your **2015** IRS Form 1040, 1040A, or 1040EZ (Federal Income Tax Return). **Do not send your state tax return, recap, or tax summary.** (If you have not yet filed your **2015** IRS Form 1040, or you do not file, please see the Required Documentation Section of the instructions.)
- 2015 W-2 and/or 1099 Forms for individual(s) listed in Sections A and B (Please make sure all documentation is copied on regular 81/2 x 11 paper).
- · Non-taxable income verification.
- A check or money order for the non-refundable application fee of \$31.00.
  - → Print clearly and neatly with a blue or black ball point pen.
  - Make a photocopy of your completed Student Aid Form and all supporting documentation for your records.
  - → Do not staple ANYTHING to the Student Aid Form.
  - → Submit the original application only.
  - → Affix proper postage to the envelope (applications without sufficient postage will be returned by the post office).
  - → Do not send any original documents. Originals cannot be returned.

PSAS CANNOT PROCESS YOUR APPLICATION IF YOU HAVE NOT INCLUDED THE REQUIRED DOCUMENTATION AND APPLICATION FEE.

# **Frequently Asked Questions**

# My spouse and I recently separated, who should fill out the application and with what information?

The person responsible for tuition should fill out the application. If you and your former spouse filed a joint tax return for the requested tax year then both adults should be included on the application. If both adults resided in the same home for half of the requested tax year then both parents should be included on the application. For example, if the application is requesting **2015** tax information and the couple separated in August **2015**, then both adults will be expected to provide documentation of their income.

# I have not filed my tax return. What documents should I provide?

Please provide your last filed tax return and **2015** W-2 Forms. If you filed a Schedule C, E or F on the last filed tax return then you must provide gross and net business estimates in Section K. If you filed a Schedule C, E or F in the previous year's tax year, and do not plan on filing in the requested tax year, please state that in Section L. *Please Note: An IRS extension will be requested for all applications received April 15<sup>th</sup> and later.* 

### What is a net and gross business estimate?

Gross business income is the total amount of sales for a tax year. Net business income is the total amount of sales for a tax year minus the operating cost (The net business income is essentially the profit from the business, rental property or farm).

### What is a Schedule C, E and F?

- A Schedule C refers to business income or loss.
- A Schedule E refers to *rental property*, royalties, partnerships, S corporations, trusts, etc.
- A Schedule F refers to farm income or loss.

# I have children in pre-school and/or college who are not applying for aid. Should I put them on the application? If so, why does it matter?

Please list all dependent children residing in your home who attend a tuition charging school/program. PSAS factors in the amount of children the household has in tuition charging schools.

# I live with a significant other who is not responsible for my child's tuition. Should I include their information?

Financial aid considerations are based on total household income. In an effort to maintain consistency PSAS considers all members of the household who are contributing to household living expenses even if they are not legally responsible for tuition.

## Why should I provide an email address?

E-mail is used to set up your personal PSAS account ,correspond with PSAS and track your application online at <a href="https://www.my.psas.org">www.my.psas.org</a>. The email address provided is only used by PSAS and the school(s) or agencies contracting with PSAS and will not be provided to any other entity.

For more frequently ask questions please visit <a href="www.psas.org">www.psas.org</a>.

If your inquiry does not match any of the listed FAQ's please email PSAS at info@psas.org or call (440) 892-4272.



### Dear Parent/Guardian:

The online application will be accessible through your student's(s') school website. Once you select the link on the school's website you will be taken to a landing page with specific instructions. Registration is required in order to begin the application process, if you did not apply (with an email address) with us last year. A link to the registration page is located on the bottom of the school-specific landing page. Once you have completed the registration process or log on to your previously created account, you will begin the application entry process.

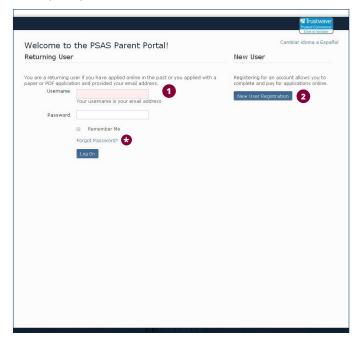
Below is a guide to the online application process and samples of what you will see:

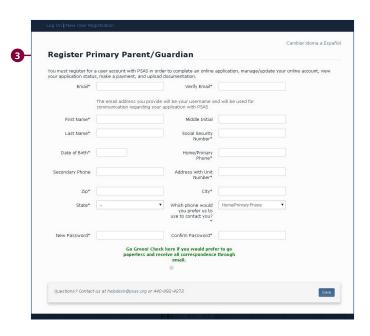
# **STEP 1: Gathering Documents**

- You and your spouse's (if applicable) social security numbers.
- A complete copy of your 2015 federal 1040, 1040A, or 1040EZ form, including all schedules and worksheets and copies of all 2015 W2 and/or 1099 forms for all adults living in the household.
  - If you have not filed a **2015** IRS form 1040, please submit your **2014** Form 1040, 1040A or 1040EZ (as filed with the IRS, Including all Schedules) **2015** W-2 forms, **2015** 1099, 1099R or 1098 forms for any wage earning adult residing with the applicants. If you are self-employed or own a business, rental property, and /or farm you will need to provide an estimate of this income for **2015**. If this application is submitted after April 15, 2016, you must provide a copy of the **2015** extension for Filing Request, as approved by the IRS and a copy of your last filed tax return.
- Your Social Services Year End Statement (AFDC, ADC, TANF) and/or Food Stamp Year End Statement and/or your Social Security Year End Benefits Statement(s) for ALL adults living in the household receiving benefits in 2015.
- Information about child support payments or child support received.
- Information about the value and amount still owed on your home.
- Information about the value and amount still owed on any real estate investments.
- Information about the value of any savings or investment accounts.

# **STEP 2: Log In to Your Account**

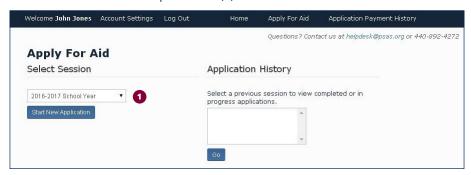
- Log in to your account (1) by entering the email address and password you used to complete an online application last year, **OR** by entering the email address supplied on the paper application and the password that the user chose.
  - If you are unsure whether you have an account, click on "Forgot Password" (\*) and enter your email address. If you have an account, your password will be reset and an email will be sent to you with instructions to access your account.
- If you are a new user, click the "New User Registration" button (2) to create an account. Provide all information as prompted (3).





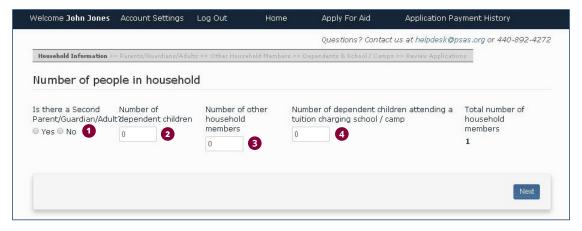
# **STEP 3: Start Your Application**

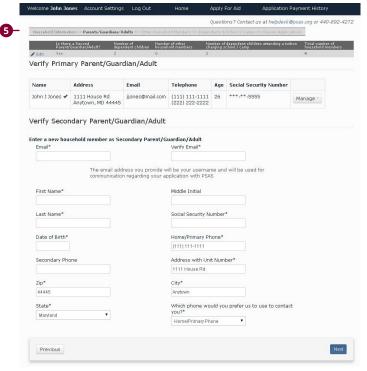
• Select "2016-2017 School Year" from the dropdown list (1) under "Select Session".



# **STEP 4: Household Information**

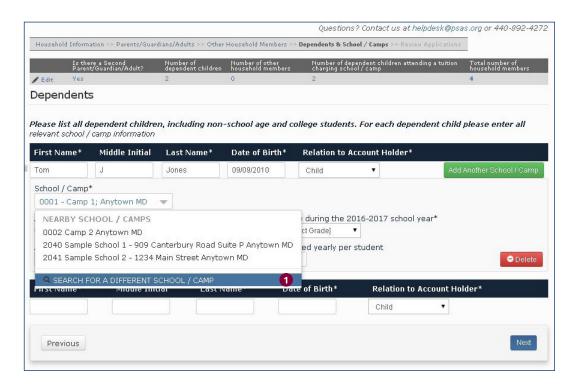
- Complete all fields regarding the people living in your household. If there is a second Parent/Guardian/Adult responsible for tuition living in the household, select "Yes" (1). You will be prompted to provide information about this individual on the next screen (5).
- List the total number of dependent children in your household, whether or not you are applying for aid for them, including college dependents (2).
- List the total number of other household members (grandparents, adult relatives living in the home) (3).
- List the number of dependent children who will be attending a tuition charging school or camp (4).



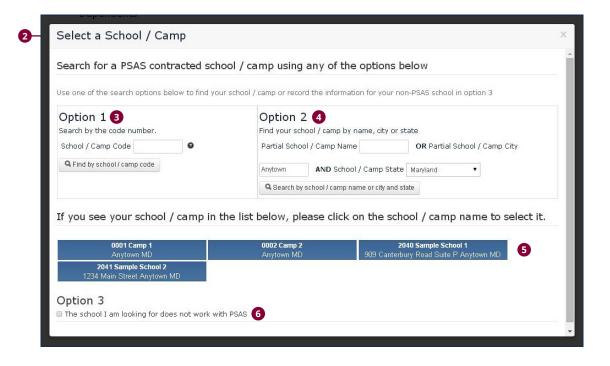


# **STEP 5: Enter Dependents and Select Schools**

• Enter student information and click on "Add School/Camp". If your school is not listed as a nearby school, click on "Search for a different school" (1). In the pop up box that appears (2), use **Option 1 (3)** or **Option 2 (4)** to type in partial school information as shown to search for your school. Select the school by clicking on it (5).



• If the school you are searching for still does not appear, check the box under **Option 3 (6)** and manually enter the school's information.

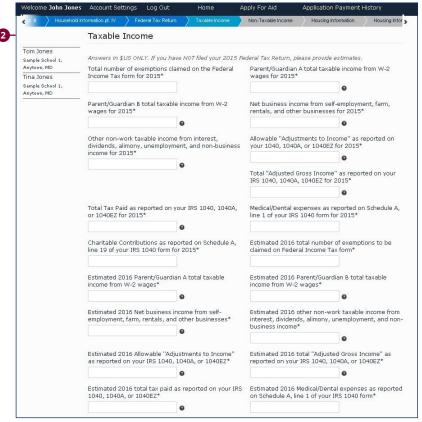


# **STEP 6: Complete the Application**

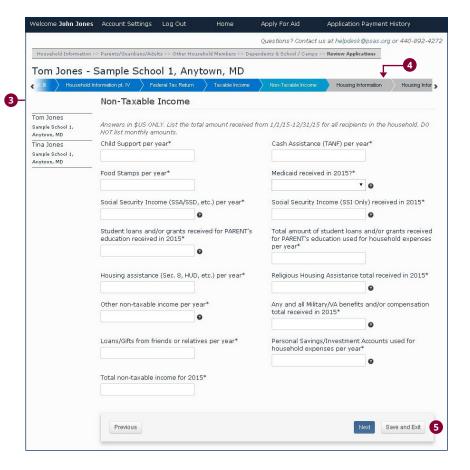
• Complete all fields of the application. Note the ② symbol - hover your cursor to show additional instructions for the correlating field (1). When completing the income pages (2, 3), these additional instructions will direct you to the correct documentation and where in the document to find the requested information.



 Enter "0" or "N/A" for any fields that you cannot answer or are not applicable to your situation.

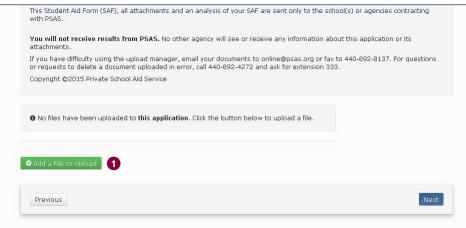


- The progress bar (4) allows you to see which sections you have completed and return to previous sections if need be.
- Click "Save and Exit" (5) at anytime to save your application and complete it at a later date.



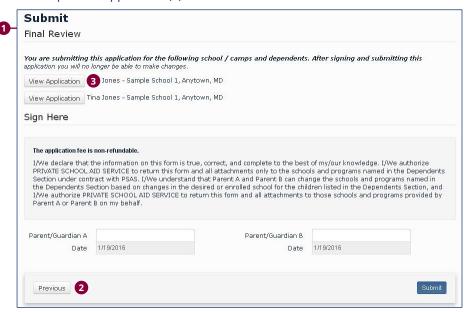
# **STEP 7: Upload Your Documents**

Upload all requested documentation (1). You can submit documentation during this portion or after submission of your
application.



# STEP 8: Verify the Information and Submit

• Verify your information and submit your application (1). You may go back through the application pages to review (2), or view a formatted PDF recap of the application (3).



# **FINAL STEP: Submit Application Fee**

• Once you submit your application, you will be directed to the application fee payment page . Your application will not be considered complete until your application fee payment is processed.

# **Submitting Your Documents**

- You can submit your documents in <u>1</u> of 3 ways:
  - 1. Upload to PSAS You will have the opportunity to upload your documents at the end of your application and anytime after by logging back into your account.
  - 2. Fax to PSAS You can fax your documents to PSAS at (440) 892-8137 or (440) 892-7727.
  - Mail to PSAS You can mail your documents to PSAS at: *Private School Aid Service* Online Application Department
     909 Canterbury Road, Suite P
     Westlake, OH 44145



# **Catholic of Pointe Coupee School**

# Tuition Assistance Request Form

<u>DIRECTIONS:</u> Please give thought and reflection to your responses and attach additional pages if needed. Deliver completed form to the school. This form **WILL NOT** be mailed with the financial application.

Student's Name	
Student's Father	Student's Mother
Father's Religion	Mother's Religion
Attended Catholic School?	Attended Catholic School?
Where & when graduated?	Where & when graduated?
Occupation	Occupation
Place of Business	Place of Business
Wk. phone	Wk. phone
Home phone	Home phone
Address	Address
Church Parish Registered in?	Church Parish Registered in?
Student Information:  Baptized Catholic?  Grade in 2015/2016?  Questionnaire:  1. Participation at Sunday Mass: Do you and y Occasionally (d) Seldom (e) Never. Circle one selections.	Where baptized?
2. Are you an identified offertory contributor in yo	our parish? Do you use the church envelopes?
3. As Catholic parents, please describe your suppo church (lector, Eucharistic Minister, religious educ	

4. Parents are the primary religious educators of home that supports your child's faith developments.	of their children. Describe the faith life of your family at ment.
5. Please tell why you wish to enroll your chil	ld at Catholic of Pointe Coupee School.
6. Please describe your child's academic perfe	Formance & participation in extra-curricular activities.
7. Have you received tuition assistance in the	past? From whom?
Please explain your reason for applying for tui	ition assistance:
Signature	Date

\*\*\* Return this form to the Business Office at School \*\*\*
DEADLINE: 5/02/2016 at noon