

SCOTT COUNTY K - 1 2
CATHOLIC SCHOOLS
2014-2015 FAMILY TUITION PLAN APPLICATION

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Office Use Only

INCOMPLETE APPLICATIONS WILL BE RETURNED
DO NOT LEAVE ANY SECTION OF THIS APPLICATION BLANK - IF A SECTION 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 _____

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 _____

Dependents	PLEASE COMPLETE ALL FIELDS LISTING DEPENDENTS IN ORDER OF OLDEST TO YOUNGEST, INCLUDING DEPENDENT COLLEGE STUDENTS			
Dependent Last Name	Dependent First Name	Relationship to Adult 1	School Name	2014-15 Grade

HOUSEHOLD INFORMATION	
<p>Please list any person(s) residing in your home not listed above, including their relationship to Adult 1:</p> <p>Name _____ Relationship _____</p> <p>Name _____ Relationship _____</p> <p>Name _____ Relationship _____</p>	<p>Current marital status/housing arrangements of Adult 1:</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>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>Who is responsible for 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>Who claimed student(s) as tax dependent in 2013? _____</p>	

SEND COMPLETE APPLICATIONS WITH IOWA 1040 TAX FORMS TO:
P.O. BOX 1597, DAVENPORT, IA 52809.
 ALLOW 6 WEEKS FOR PROCESSING. A LETTER WILL BE MAILED WHEN YOUR GRANT IS DETERMINED.

NON-TAXABLE INCOMEPLEASE LIST **MONTHLY** AMOUNT OF NON-TAXABLE INCOME FOR ALL RECIPIENTS. IF NONE RECEIVED WRITE N/A

ALIMONY	CHILD SUPPORT	FOOD ASSISTANCE	SOCIAL SECURITY INCOME	DEPENDENT SOCIAL SECURITY
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
UNEMPLOYMENT	LOANS/GIFTS FROM FAMILY AND/OR FRIENDS		OTHER: _____	
\$ _____	\$ _____	\$ _____		\$ _____

HOUSING INFORMATION

Do you own or rent your home? _____

If renting, what is monthly rent? \$ _____ If you own your home, what is monthly mortgage? \$ _____

Portion paid by Adult 1: \$ _____ Portion paid by Adult 1: \$ _____

Portion paid by other sources: \$ _____ Portion paid by other sources: \$ _____

EXPLANATIONS (IF APPLICABLE)

CHECK ALL THAT APPLY TO THE **LAST 12 MONTH PERIOD** AND EXPLAIN BELOW, PROVIDING OFFICIAL DOCUMENTATION WHEN AVAILABLE.
IF ADDITIONAL ROOM IS NEEDED, A SEPARATE SHEET MAY BE ATTACHED.

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

REQUIRED INCOME DOCUMENTATION**FOR YOUR APPLICATION TO BE PROCESSED IT MUST BE ACCOMPANIED BY:**

- **2013 IOWA 1040 TAX FORMS** FOR **ALL** INCOME EARNING HOUSEHOLD MEMBERS NOT LISTED AS DEPENDENTS ON REVERSE.
- **SCHEDULE C, E, AND/OR F TAX FORMS** IF THEY ARE A PORTION OF YOUR TAX RETURN.
 - I DID NOT FILE TAXES IN IOWA, BUT HAVE INCLUDED MY 2013 FEDERAL 1040 AND SCHEDULE C, E, AND/OR F IF APPLICABLE.
 - 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 2013 EXTENSION FOR FILING REQUEST AND W2 FORMS FOR ALL INCOME EARNING HOUSEHOLD MEMBERS NOT LISTED AS DEPENDENTS ON REVERSE.

*PLEASE BE SURE ALL AREAS ARE COMPLETE AND THE APPLICATION IS ACCOMPANIED BY
ALL NECESSARY TAX FORMS AND INCOME DOCUMENTATION - **INCOMPLETE APPLICATIONS WILL BE RETURNED!***

PLEASE **INITIAL** BELOW:

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

I verify that the tax return 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 FTP applications received after July 31, 2014 may not receive full funding. INITIAL _____

Signature

Date