

Please do not staple.

SCOTT COUNTY K - 1 2  
**CATHOLIC SCHOOLS**  
 2017-2018 FAMILY TUITION PLAN APPLICATION

Office Use Only

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**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	2017-18 School Name	2017-18 Grade

**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 \_\_\_\_\_

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 \_\_\_\_\_

Do you receive and/or pay child support?    Applicant is responsible for \_\_\_\_\_ % of K-12 Catholic school students' tuition.  
 Receive \$ \_\_\_\_\_ (monthly)    If not 100%, who is responsible for remainder? \_\_\_\_\_  
 Pay \$ \_\_\_\_\_ (monthly)    If minor child(ren) are not claimed on the accompanying tax return, who claimed them? \_\_\_\_\_  
 Neither

**Housing Information**

If renting, what is monthly rent? \$ \_\_\_\_\_    If own, what is monthly mortgage? \$ \_\_\_\_\_  
 Portion paid by Adults 1 & 2: \$ \_\_\_\_\_    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 2016 Iowa 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.**

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

- I have included **2016 IOWA 1040 TAX RETURNS** for **ALL** income earning household members not listed as dependents on reverse.
  - I did not file 2016 taxes in Iowa, but have included my 2016 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 2016 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 2016 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, 2017** will not receive maximum 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. GRANT LETTERS WILL BE SENT TO APPLICANTS AND SCHOOLS WHEN THE APPLICATION PROCESS IS COMPLETE.