



**NEW FAMILIES TO THE SCHOOL: PLEASE FILL THIS OUT TO APPLY FOR HOPES AND DREAMS**

Welcome to St. Francis of Assisi Catholic School. As a new family we want you to know that need-based Financial Aid is available. We believe that a Catholic School education should not be denied for financial reasons. Please read and complete all of the forms in this packet- including this first form. Return all of these forms to the school office: attn: Mrs. Pritzel.

**\*\*\*ONLY CATHOLIC FAMILIES AND CHILDREN ARE ELIGIBLE FOR FINANCIAL ASSISTANCE\*\*\***

We love St. Francis of Assisi School and are blessed by the Holy Spirit each day. Let us help make this education a possibility for your children.

Blessings,

Fr. James Conlon, pastor and Julie Fantone Pritzel, principal

Your name \_\_\_\_\_

Your relationship to students \_\_\_\_\_

Who in your family is Catholic? \_\_\_\_\_ or \_\_\_\_\_ n/a

Best Contact (email or phone) \_\_\_\_\_

How much do you feel you can pay for tuition each month? \_\_\_\_\_ \$ \_\_\_\_\_ /month

Child (Children)'s grades for next year and names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Share your value of faith-education to you and your family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your volunteerism currently in your church or community:

\_\_\_\_\_  
\_\_\_\_\_

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Talents you can share with our St. Francis of Assisi Parish/School:

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Please explain any additional circumstances that impact your income that may not show on the financial PSAS forms. Such as aging parents living with you, sick children that require frequent hospital care, special needs children, family that requires your care and directly affect your income, educational needs for you and/or your spouse, job loss, change in pay, salary freeze, etc.:

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Date Received by Mrs. Pritzel \_\_\_\_\_



10002939696



**FOR FREE PROCESSING  
RETURN COMPLETED  
FORM TO THE SCHOOL  
OFFICE.**



**S**

**e.**

Applying on institution **For questions: contact Gail O'Neill** allows your submission. **at 734/821-2113.**

Online application now available in Spanish

# FACTS Grant & Aid Application

## For the School Year Beginning Fall

### Information needed to complete your application:

- Copies of your most recent IRS Federal Form 1040, 1040A or 1040-EZ U.S. Individual Income Tax Return, including supporting tax Schedules C, E, F Please see Checklist on page 10 of the application for additional required tax forms and schedules. If applicant and co-applicant file separately, we require both tax returns for the same tax year.
- Copies of all current W-2 Wage and Tax Statements for both the applicant and co-applicant. NOTE: If you are applying before you have received all the W-2 Wage and Tax Statements, please submit them as soon as they become available.
- Copies of all supporting documentation for household Non-Taxable Income such as: Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF).
- Signature required for paper applications only. Paper applications received without a signature will not be processed.

Please do not submit multiple applications. FACTS will process one application per household—either a paper application or an online application.

**FAXED OR COPIED APPLICATIONS WILL NOT BE ACCEPTED.**

## FACTS Grant & Aid Assessment

866.441.4637 | fax: 866.315.9264 | PO Box 82524  
Lincoln, NE 68501-2524 | To apply online: [online.factsmgt.com/aid](http://online.factsmgt.com/aid)

# Instructions for completing the application.

*Please be sure to complete all required fields. Required fields are those shaded in green. Failure to complete a required field will result in an incomplete application that will not be processed.*

**FAXED OR COPIED APPLICATIONS WILL NOT BE ACCEPTED.**

## Section 1: Applicant & Co-Applicant Information

Please answer all questions included in this section. If your current marital status is married, co-applicant information is required. If the parents are divorced, the parent responsible for payment of the tuition should complete and sign the form. If each of the divorced parents is responsible for a portion of the tuition, each parent should complete a separate form and indicate the portion of tuition for which he/she is responsible. We ask for your social security number to verify the tax return information you are submitting to us. Social security numbers are retained in FACTS Grant & Aid Assessment's secure database and may be shared with your school for identification purposes. Personal information provided to FACTS is not used for any purpose other than to evaluate need for financial aid.

## Section 2: Student & School Information

It is imperative that you complete this section for ALL children in the household attending a tuition-charging PK-12 institution. A child may apply to multiple institutions on one application. Do not submit multiple applications. If you do not know the exact amount of your child's tuition, enter the estimated amount or the amount from the previous school year. Please estimate the amount you and your spouse will be able to contribute toward each child's tuition. Indicate the school name, city, state, and zip code where your child will be attending for the ~~2017-2018~~ school year. Enter the amount of tuition the noncustodial parent is required to pay as a result of legal separation, divorce, or paternity proceeding (do not include child support reported in Section 3). Please indicate whether your child will be applying for a scholarship from a state-funded program. Scholarships from state-funded programs are typically issued to your school in the form of a voucher.

## Section 3: Applicant & Co-Applicant Income Information

- | <u>Item #</u> | <u>Instruction</u>  |
|---------------|---|
| 4.            | Enter the "Adjusted Gross Income" from the applicant's most recent federal tax return.  |
| 5.            | If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return. If filing jointly or if there is no co-applicant, enter "0".   |
| 7.            | List the amount of child support you received for <u>all</u> children.  |
| 8.            | List the amount of untaxed social security benefits for <u>all</u> household members. Include Supplemental Security Income (SSI) received.  |
| 12.           | If you anticipate receiving tuition support from friends, relatives and/or your employer, list the amount you will receive.   |
| 14.           | List all other nontaxable income, including but not limited to: tax-exempt interest income, nontaxable IRA or Keogh payments, pastoral and military allowance, foster care allowance, veteran benefits, and nontaxable pension or annuity payments. |
| 15.           | If you anticipate a decrease in income, indicate the amount you expect your income to be in <del>2017</del> . In 15c, select the reason(s) you expect a decrease.   |

## Section 4: Applicant & Co-Applicant Expense Information

- | Item # | Instruction   |
|--------|---|
| 7.     | Total the minimum amounts due from all of your monthly credit card statements and enter that amount here.   |
| 9.     | Indicate here if you have other monthly loan payments, not including first mortgages, credit card, or vehicle payments. Examples would be payments to purchase a boat, recreational vehicles, furniture, appliances, or other consumer purchases such as home improvements. List the creditor and monthly payment amount.                           |
| 10.    | List the amount you or your spouse pay in child support payments per month.   |
| 11.    | List the amount of the monthly health insurance premiums paid and then select the method of payment to indicate if the premiums are paid pre-tax through your employer via payroll deduction or deducted on your tax return as self-employed health insurance deductions or paid directly to the insurance company or health insurance marketplace. |
| 12.    | List the amount you pay annually for insurance for all of your vehicles.  |
| 13.    | List your annual out-of-pocket medical expenses. Examples include dental, eye care, prescription or co-pay expenses. Do not include expenses paid by insurance. Do not include health insurance premiums you pay through payroll deduction or directly to an insurance company.   |
| 14.    | Estimate your total annual charitable donations, cash or check ONLY.  |
| 15.    | Enter the number of family members (children/adults) attending college and provide the total out-of-pocket cost for the school year. Use the total cost for the upcoming year less any grant, aid, scholarship, student loan proceeds, or income from students' own resources. Student loan payments should be listed in question 8.                |
| 16.    | If you have children for whom you are paying child or day care expenses, please list your estimated annual expense. Do not include preschool/prekindergarten tuition expenses.  |

## Section 5: Applicant & Co-Applicant Assets and Liabilities

- | Item # | Instruction   |
|--------|---|
| 1.     | Enter the balance(s) from your most recent savings and/or checking account statement(s).  |
| 2.     | If you have a brokerage account for stocks, bond investments, mutual funds and/or certificates of deposit, list the value of these holdings from your most recent statement(s). |
| 3.     | If you have retirement plan assets, a 401(k), 403(b), Pensions or an Individual Retirement Account (IRA), list the value of these holdings from your most recent statement(s).  |
| 4.     | List the amount you and/or your spouse contribute annually to your retirement plan assets.  |

## Section 6: Required Information & Authorization

Payment of the nonrefundable application fee by check or money order must be received in order to process your application. To pay by credit card or ACH apply online at [online.factsmgt.com/aid](http://online.factsmgt.com/aid). Failure to submit payment with your application could result in you not receiving financial aid.

Please read the Terms and Conditions along with the Authorization before signing the paper application. Paper applications received without a signature will not be processed.

After completing the application make sure to retain a copy of the application for your records.

The Grant & Aid Application provides personal and financial information used to evaluate your need for financial aid. Incomplete or inaccurate information may affect your ability to receive financial aid.



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SHADED BOXES REPRESENT REQUIRED FIELDS. Please use blue or black ink to complete the application.

# Section 1: Applicant & Co-Applicant Information

## I. APPLICANT INFORMATION: Parent or Guardian

Name  Last  First  MI

Social Security Number  -  -  Date of Birth  -  -  Month Day Year

Mailing Address

City  State  Zip  -

County of Residence

Daytime Phone #  -  -  Ext.  Evening Phone #  -  -  Ext.

E-mail Address   
Please check primary email address regularly for Notices sent by FACTS

Secondary E-mail

Current Marital Status:  Married (If current marital status is married, co-applicant information is required.)  Single  Divorced  Separated  Widowed

Employment Status:  Full-Time  Part-Time (less than 30 hours/week)  Stay at Home (full-time family care)  Self-Employed  Unemployed  Disabled  Retired  Student

Relationship to Student(s):  Father  Mother  Stepfather  Stepmother  Legal Guardian  Grandfather  Grandmother  Other

Occupation  Employer

\* Religious Affiliation  Baptist  Catholic  Jewish  Lutheran  Muslim  Other Christian  Other Non-Christian  Seventh-day Adventist

## II. CO-APPLICANT INFORMATION: Parent or Guardian

Name  Last  First  MI

Social Security Number  -  -  Date of Birth  -  -  \* Month Day Year

Employment Status:  Full-Time  Part-Time (less than 30 hours/week)  Stay at Home (full-time family care)  Self-Employed  Unemployed  Disabled  Retired  Student

Relationship to Student(s):  Father  Mother  Stepfather  Stepmother  Legal Guardian  Grandfather  Grandmother  Other

Occupation  Employer

\* Religious Affiliation  Baptist  Catholic  Jewish  Lutheran  Muslim  Other Christian  Other Non-Christian  Seventh-day Adventist

\* Demographic information is not required for FACTS to evaluate your need but may be required by your school, diocese, or organization providing the scholarship. We recommend completing this information to prevent an incomplete application.

Failure to complete a required field (shaded boxes) will result in an incomplete application that will not be processed.

# Section 2: Student & School Information

*If more than three entries, photocopy this page and insert.*

Complete this section for **ALL** children in the household attending a tuition-charging PK-12 school. Financial information will only be submitted to institutions participating in the FACTS Grant & Aid Assessment program. The grade level entered should be for the upcoming ~~2017-2018~~ school year. FACTS will process one application per household. A child may apply to multiple institutions on one application. **(Do not submit multiple applications.)**

Child's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	MI												
Child's Social Security No.	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Child's Date of Birth	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Annual Tuition	\$	<input type="text"/>	.00	
Grade Entering (Fall 2017)	<input type="text"/>	Enter PK for Preschool/Prekindergarten Enter K for Kindergarten Enter the Grade number for Grades 1-12	* Child's Gender	<input type="radio"/> Male <input type="radio"/> Female	How much do you estimate you and/or your spouse can pay toward this child's tuition <b>annually</b> ?	\$	<input type="text"/>	.00								
School Attending Fall 2017	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>									
* Child's Ethnic Background (Select One):					<input type="radio"/> African-American <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Other											
Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce, or paternity proceeding. <u>Do not include child support payments.</u>														\$	<input type="text"/>	.00
Will this student be applying for a state-funded scholarship or voucher program?														<input type="radio"/> Yes	<input type="radio"/> No	

Child's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	MI												
Child's Social Security No.	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Child's Date of Birth	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Annual Tuition	\$	<input type="text"/>	.00	
Grade Entering (Fall 2017)	<input type="text"/>	Enter PK for Preschool/Prekindergarten Enter K for Kindergarten Enter the Grade number for Grades 1-12	* Child's Gender	<input type="radio"/> Male <input type="radio"/> Female	How much do you estimate you and/or your spouse can pay toward this child's tuition <b>annually</b> ?	\$	<input type="text"/>	.00								
School Attending Fall 2017	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>									
* Child's Ethnic Background (Select One):					<input type="radio"/> African-American <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Other											
Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce, or paternity proceeding. <u>Do not include child support payments.</u>														\$	<input type="text"/>	.00
Will this student be applying for a state-funded scholarship or voucher program?														<input type="radio"/> Yes	<input type="radio"/> No	

Child's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	MI												
Child's Social Security No.	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Child's Date of Birth	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Annual Tuition	\$	<input type="text"/>	.00	
Grade Entering (Fall 2017)	<input type="text"/>	Enter PK for Preschool/Prekindergarten Enter K for Kindergarten Enter the Grade number for Grades 1-12	* Child's Gender	<input type="radio"/> Male <input type="radio"/> Female	How much do you estimate you and/or your spouse can pay toward this child's tuition <b>annually</b> ?	\$	<input type="text"/>	.00								
School Attending Fall 2017	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>									
* Child's Ethnic Background (Select One):					<input type="radio"/> African-American <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Other											
Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce, or paternity proceeding. <u>Do not include child support payments.</u>														\$	<input type="text"/>	.00
Will this student be applying for a state-funded scholarship or voucher program?														<input type="radio"/> Yes	<input type="radio"/> No	

*If more than three entries, photocopy this page and insert.*

\* Demographic information is not required for FACTS to evaluate your need but may be required by your school, diocese, or organization providing the scholarship. We recommend completing this information to prevent an incomplete application.

**Failure to complete a required field (shaded boxes) will result in an incomplete application that will not be processed.**

# Section 3: Applicant & Co-Applicant Income

1. Size of household:      Number of adults living in this household:        Number of children living in this household:

2. Do you file a federal income tax return?       Yes, I file taxes and receive W2 income.       Yes, I file taxes but do not receive W2 income.  
 No, I do not file taxes.

3. Does the co-applicant file a federal income tax return?       Yes, files jointly with applicant and receives W2 income.  
 Yes, files jointly with applicant but does not receive W2 income.  
 Yes, files separately from applicant but does not receive W2 income.  
 Yes, files separately from applicant.  
 No, does not file.

*If none, enter "0."*

## Taxable Income:

4. Please list the "Adjusted Gross Income" from the applicant's most recent federal tax return. . . . . \$ \_\_\_\_\_ .00
5. If filing jointly or if there is not a co-applicant, enter "0".  
 If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return. . . . . \$ \_\_\_\_\_ .00
6. Do you own any of the following? \*
- a. Business – (Form 1040 Line 12) Attach Schedule C or C-EZ and Form 4562 Depreciation and Amortization       Yes       No
  - b. Farm – (Form 1040 Line 18) Attach Schedule F and Form 4562 Depreciation and Amortization       Yes       No
  - c. Rental Property – (Form 1040 Line 17) Attach Schedule E (page 1)       Yes       No
  - d. S Corporation – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1120S (5 pages), Schedule K-1, Form 8825       Yes       No
  - e. Partnership – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1065 (5 pages), Schedule K-1, Form 8825       Yes       No
  - f. Estates and Trusts – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1041 and Schedule K-1       Yes       No

\*IMPORTANT: If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your 2016 federal tax return.

## Nontaxable Income:

- |   | Select how income is received.  | If none, enter "0." |
|---|---|---------------------|
| 7. Child support received. . . . .  | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |
| 8. Social Security benefits received that were not taxed, such as SSI. . . . .  | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |
| 9. Temporary Assistance for Needy Families (TANF). . . . .  | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |
| 10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC). . . . .   | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |
| 11. Food stamps. . . . .  | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |
| 12. Tuition support anticipated from friends/relatives/employer . . . . .   | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |
| 13. Workers' Compensation. . . . .  | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |
| 14. Other nontaxable income (i.e. Clergy/Pastoral/Military Housing Allowance, Foster Care Allowance, VA Benefits, etc.) . . . . . | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |

## Change of Income:

15. Do you anticipate a decrease in your 2017 household income? . . . . .  Yes       No

If yes, complete the following questions:

15a. What do you anticipate your income to be for the coming year? . . . . . \$ \_\_\_\_\_ .00

15b. What do you anticipate your spouse's income to be for the coming year? . . . . . \$ \_\_\_\_\_ .00

15c. Your income will be reduced in the coming year for the following reason(s). (Select all that apply.)

- | <u>Applicant:</u>  | <u>Co-Applicant:</u>   |
|--|--|
| <input type="radio"/> Unemployed or expect to be unemployed              | <input type="radio"/> Unemployed or expect to be unemployed              |
| <input type="radio"/> Will have reduced hours                            | <input type="radio"/> Will have reduced hours                            |
| <input type="radio"/> Plan to take a job at a lower wage rate            | <input type="radio"/> Plan to take a job at a lower wage rate            |
| <input type="radio"/> Exiting the workforce and plan to work in the home | <input type="radio"/> Exiting the workforce and plan to work in the home |
| <input type="radio"/> Filing for legal separation or divorce             | <input type="radio"/> Filing for legal separation or divorce             |
| <input type="radio"/> Plan to retire                                     | <input type="radio"/> Plan to retire                                     |
| <input type="radio"/> Medical reasons                                    | <input type="radio"/> Medical reasons                                    |
| <input type="radio"/> Death of a spouse                                  | <input type="radio"/> Death of a spouse                                  |
| <input type="radio"/> Increase in family size                            | <input type="radio"/> Increase in family size                            |
| <input type="radio"/> Loss of alimony or spousal support                 | <input type="radio"/> Loss of alimony or spousal support                 |
| <input type="radio"/> Military reasons                                   | <input type="radio"/> Military reasons                                   |
| <input type="radio"/> Other: _____                                       | <input type="radio"/> Other: _____                                       |

Failure to complete a required field (shaded boxes) will result in an incomplete application that will not be processed.



# Section 4: Applicant & Co-Applicant Expense Information

Please complete required (shaded) fields.

## Current MONTHLY Expenses:

- Do you rent or own your primary residence? .....
- Monthly rent or mortgage payment. (Include principal, interest, taxes, and home insurance.) .....
- Do you own a second home (not including rental property)? .....
- If yes, what is the monthly mortgage payment on your second home (including principal, interest, taxes, and home insurance)? .....
- Monthly home equity loan payments. ....
- Vehicle Information: Complete for each vehicle leased or owned, including any vehicle that does not have a monthly payment. (If more than three [3] vehicles, photocopy form and insert.)

	Make/Model	Year
Vehicle #1		
Vehicle #2		
Vehicle #3		

- Total credit card debt. (Do not include balances that are paid in full each month.) .....
- Total of all minimum amounts due on monthly credit card statements. ....
- Monthly student loan payments for family members no longer attending college. ....
- Do you have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses.)  
If yes, please list below. (If additional space is required, photocopy form and insert.)  
Refer to instructions for examples.

Loan #1	
Loan #2	
Loan #3	
Loan #4	

- Monthly child support payments. (Applies only to the parent or guardian paying child support. Do not include child support received.) .....
- Health insurance premiums paid per month .....
- 11a. Health insurance premiums are paid. ....

## Current ANNUAL Expenses:

- Annual vehicle insurance expense. ....
- Total annual out-of-pocket medical expenses not paid by insurance. Refer to instructions for examples. ....
- Charitable contributions—cash or checks—per year. ....
- College Expenses:
  - Number of family members attending college beginning in the fall of ~~2017~~
  - Total amount of your family's out-of-pocket cost for **college** expected this school year. (Total tuition less student loan proceeds, scholarships, grants and financial aid, and contributions expected from student earnings.)
- Child/Day Care Expenses: (**Do not include preschool/prekindergarten expenses. This should be indicated in Section 2.**)
  - Number of children for whom you pay child/day care expenses beginning in the fall of ~~2017~~
  - Total amount of child/day care expenses expected this year. ....
- Elder Care Expenses:
  - Number of people for whom you pay elder care expenses.
  - Total amount of elder care expenses expected this year. ....

### Monthly Expenses If none, enter "0."

Rent  Own  Other

\$ \_\_\_\_\_ .00

Yes  No

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

If none, enter "0."

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

Yes  No

If none, enter "0."

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

- Through pre-tax payroll deduction.  
 I/We are self employed.  
 Directly to the insurance company / health insurance marketplace.

### Annual Expenses If none, enter "0."

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

# Section 5: Applicant & Co-Applicant Assets and Liabilities

If none, enter "0."

1. Value of cash, savings, and/or checking accounts. .... \$ \_\_\_\_\_ .00
2. Value of stock, bond investments, mutual funds, and/or certificates of deposit. .... \$ \_\_\_\_\_ .00
3. Value of retirement plan assets—401(k), 403(b), Pensions and/or IRAs. .... \$ \_\_\_\_\_ .00
4. What is your and/or your spouse's annual contribution to retirement plan assets? .... \$ \_\_\_\_\_ .00
5. If you own your home, the estimated value. .... \$ \_\_\_\_\_ .00
6. If you own your home, the amount you owe. .... \$ \_\_\_\_\_ .00
7. If you own a second home, the estimated value. Do not include rental property. .... \$ \_\_\_\_\_ .00
8. If you own a second home, the amount you owe. .... \$ \_\_\_\_\_ .00

# Section 6: Required Information & Authorization

Payment of the nonrefundable application fee must be received in order to process your application. **To pay by credit card or ACH apply online at [online.factsmgt.com/aid](http://online.factsmgt.com/aid).** Failure to submit payment with your application could result in you not receiving financial aid. Paper applications received without a signature will not be processed.

**FAXED OR COPIED APPLICATIONS WILL NOT BE ACCEPTED.**

### Payment

I. **Nonrefundable Application Fee:** ..... \$   .

Enclosed is a check or money order made payable to **FACTS Grant & Aid Assessment**.

### FACTS Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
CK	MO	V			

### II. Terms and Conditions:

FACTS Grant & Aid Assessment ("FACTS") provides financial aid analysis services to participating educational institutions. The institution granting aid is solely responsible for determining the final aid award. Submission of the application and payment of the fee does not guarantee receipt of financial aid. FACTS assumes no liability whatsoever should financial aid be denied for any reason. The fee collected by FACTS is to compensate FACTS for the financial aid assessment and advisory services provided to the institution.

**Privacy and Security.** Data collected and stored by FACTS pursuant to this application is considered the property of the participating institution. The data will not be used by FACTS in any manner not approved by the participating institution and will not be shared with any third parties without the prior consent of the institution unless requested by you as required by applicable law. Access to the data shall be restricted except to the extent that FACTS associates must access the data to provide service to you or the institution. FACTS maintains physical, procedural, and electronic safeguards to protect data from being accessed by unauthorized third parties.

### III. Authorization:

FACTS is authorized to provide any personal and financial information produced to the educational institution(s) to which I have applied or their affiliates.

The information provided on this form is true, correct, and complete to the best of my knowledge. I am authorized to sign this form and to disclose this information.

(X) \_\_\_\_\_  -  -    
**Applicant Signature (applicant)**      Month      Day      Year

(X) \_\_\_\_\_  -  -    
 \_\_\_\_\_      Month      Day      Year

Please do not send cash.

**Failure to complete a required field (shaded boxes) will result in an incomplete application that will not be processed.**

# FACTS Grant & Aid Checklist

## Don't forget to upload, fax or mail the following:

- ~~Payment of the \$30.00 nonrefundable application fee. (If payment was submitted online, please disregard).~~
  - Signature required for paper applications only. Paper applications received without a signature will not be processed.
  - Copy of most recent IRS Federal Form 1040, 1040A or 1040-EZ U.S. Individual Income Tax Return. If applicant and co-applicant file separately, we require both tax returns for the same tax year. Please make sure Social Security Number on application matches the Social Security Number on the Tax Return.
  - Copies of all current W-2 Wage and Tax Statements for both the applicant and co-applicant. NOTE: If you are applying before you have received all the ~~2016~~ W-2 Wage and Tax Statements, please submit them as soon as they become available.
  - Copies of all supporting tax schedules if you have income from any of the following\*:
    - Business – (Form 1040 Line 12) Attach Schedule C or C-EZ and Form 4562 Depreciation and Amortization
    - Farm – (Form 1040 Line 18) Attach Schedule F and Form 4562 Depreciation and Amortization
    - Rental Property – (Form 1040 Line 17) Attach Schedule E (page 1)
    - S-Corporation – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1120S (5 pages), Schedule K-1 and Form 8825
    - Partnership – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1065 (5 pages), Schedule K-1 and Form 8825
    - Estates and Trusts – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1041 and Schedule K-1
- \*IMPORTANT: If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your ~~2016~~ Federal Form 1040 Tax Return.
- Copies of all supporting documentation for household Non-Taxable Income such as: Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF). If you do not file a tax return, documentation of Non-Taxable Income is required.

**Please allow 2 to 4 weeks for your application and supporting tax documents to be processed. We are unable to verify receipt of documents until they are scanned into our system, which takes approximately 7 to 10 business days. Faxed applications will not be accepted. Application deadlines are set by the school or institution awarding the scholarships. If you are applying after a given deadline date, please contact your school or institution to ensure that your application will be accepted. It is recommended that you keep a copy of your application for your records.**

**NOTE:** Award decisions are not made by FACTS, but by the organization providing the scholarship.