

# Section 1: Applicant & Co-Applicant Information **(Fill out completely.)**

## I. Applicant Information: Parent or Guardian

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Employment Status:  Full-time  Unemployed  
 Part-time (less than 30 hours/week)  Disabled  
Select  Stay at home (full-time family care)  Retired  
One  Self – employed  Student

Relationship To student:  Father  Legal Guardian  
 Mother  Grandfather  
 Stepfather  Grandmother  
 Stepmother  Other \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Catholic? Yes No Parish: \_\_\_\_\_ Envelope #: \_\_\_\_\_  
(circle one)

## II. Co-Applicant Information: Parent or Guardian

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employment Status:  Full-time  Unemployed  
 Part-time (less than 30 hours/week)  Disabled  
Select  Stay at home (full-time family care)  Retired  
One  Self – employed  Student

Relationship To student:  Father  Legal Guardian  
 Mother  Grandfather  
 Stepfather  Grandmother  
 Stepmother  Other \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

## 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 including the student/s who will be attending St. Jerome Early Childhood Center. The grade level entered should be for the upcoming **2023-24** school year. (Start with the child attending St. Jerome ECC for whom the scholarship is being sought.)

Child's Name: \_\_\_\_\_

Child's SSN: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_ Annual Tuition: \_\_\_\_\_

Grade Entering (EC2, EC3, or EC4): \_\_\_\_\_ Child's Gender: \_\_\_\_\_

How much do you estimate you and/or your spouse can pay toward this child's tuition annually?: \_\_\_\_\_

Why do you want your child to attend St. Jerome Early Childhood Center: \_\_\_\_\_

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce or paternity proceeding. Do not include child support payments. \_\_\_\_\_

Will you be applying for state funded assistance? \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's SSN: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_ Annual Tuition: \_\_\_\_\_

Grade Entering (K – 12): \_\_\_\_\_ Child's Gender: \_\_\_\_\_

How much do you and/or your spouse pay toward this child's tuition annually?: \_\_\_\_\_

School Attending Fall 2023: \_\_\_\_\_

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce or paternity proceeding. Do not include child support payments. \_\_\_\_\_

Will you be applying for state funded scholarship or voucher program? \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's SSN: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_ Annual Tuition: \_\_\_\_\_

Grade Entering (K – 12): \_\_\_\_\_ Child's Gender: \_\_\_\_\_

How much do you and/or your spouse pay toward this child's tuition annually?: \_\_\_\_\_

School Attending Fall 2023: \_\_\_\_\_

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce or paternity proceeding. Do not include child support payments. \_\_\_\_\_

Will you be applying for state funded scholarship or voucher program? \_\_\_\_\_

## Section 3: Applicant & Co-Applicant Income Information (Attach copy of tax return.)

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.  No, I do not file taxes.
3. Does the co-applicant file a federal tax return?  Yes, file jointly  Yes, files separately from applicant  
 No, does not file

### Taxable Income:

4. Please list the "Adjusted Gross Income" from the applicant's 2022 federal tax return.....\$ \_\_\_\_\_
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 2022 federal tax return..... \$ \_\_\_\_\_
6. Do you own any of the following?:
- a. Business – (Form 1040 Line 12) Attach Schedule C or C-EZ and form 4562 Depreciation & 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 (4 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 .....  Yes  No
  - f. Estates and Trusts – (Form 1040 Line 17) Attach Schedule E (page 2), form 1041, and Schedule K-1 .....  Yes  No

### Nontaxable Income:

- |                                                                                                                               | Select how income is received.                                                                     | Amount, if none, enter "0" |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------|
| 7. Child Support received.....                                                                                                | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____                   |
| 8. Social Security benefits received, such as SSI.....                                                                        | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____                   |
| 9. Temporary Assistance for Needy Families (TANF) ..                                                                          | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____                   |
| 10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC) .....                                                  | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____                   |
| 11. Food Stamps.....                                                                                                          | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____                   |
| 12. Tuition support anticipated from friends/relatives....                                                                    | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____                   |
| 13. Worker's Compensation.....                                                                                                | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____                   |
| 14. Other nontaxable income (i.e. Clergy/Pastoral/Military Housing Allowance, Foster Care Allowance, VA Benefits, etc.) ..... | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually | \$ _____                   |

### Change of Income:

15. Do you anticipate a decrease in your 2023 household income? .....  Yes  No  
 If yes, complete the following questions:

15a. What do you anticipate your income to be for 2023?.....\$ \_\_\_\_\_

15b. What do you anticipate your spouse's income to be 2023? .....\$ \_\_\_\_\_

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

#### Applicant

- Unemployed or expect to be unemployed
- Will have reduced hours
- Plan to take a job at a lower wage rate
- Exiting the workforce and plan to work in the home
- Filing for legal separation or divorce
- Plan to retire
- Medical reasons
- Increase of family size
- Loss of alimony or spousal support
- Military reasons
- Other \_\_\_\_\_

#### Co-Applicant

- Unemployed or expect to be unemployed
- Will have reduced hours
- Plan to take a job at a lower wage rate
- Exiting the workforce and plan to work in the home
- Filing for legal separation or divorce
- Plan to retire
- Medical reasons
- Increase of family size
- Loss of alimony or spousal support
- Military reasons
- Other \_\_\_\_\_

# Section 4: Applicant & Co-Applicant Expense Information

## Current MONTHLY Expenses:

1. Do you rent or own your primary residence?.....  Rent  Own  Other
2. Monthly rent or mortgage payment. (Include principal, interest, taxes and home insurance)...\$ \_\_\_\_\_
3. Do you own a second home (not including rental property)?.....  Yes  No
  - 3a. If yes, what is the monthly mortgage payment on your second home  
(Include principal, interest, taxes and home insurance).....\$ \_\_\_\_\_
4. Monthly home equity loan payments.....\$ \_\_\_\_\_
5. Vehicle Information. Complete for each vehicle lease or owned, including any vehicle that does not have a monthly payment. (If more than 3 vehicles, photocopy form and insert.)

			<i>If none, enter "0"</i>
Vehicle #1	Make/Model _____	Year _____	.....\$ _____
Vehicle #2	Make/Model _____	Year _____	.....\$ _____
Vehicle #3	Make/Model _____	Year _____	.....\$ _____

6. Total credit card debt. (Do not include balances that are paid in full each month.) .....\$ \_\_\_\_\_
7. Total of all minimum amounts due on monthly credit card statements.....\$ \_\_\_\_\_
8. Monthly student loan payment for family members no longer attending college.....\$ \_\_\_\_\_
9. Do you have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses.) .....  Yes  No
  - 9a. If yes, please list below. Examples would be loans for recreation vehicles, appliances, or other home improvements. List the creditor and monthly payment amount. (If additional space is required, photocopy form and insert)

			<i>If none, enter "0"</i>
Loan #1	_____	.....\$ _____	
Loan #2	_____	.....\$ _____	
Loan #3	_____	.....\$ _____	

10. Monthly child support payments. (Applies only to the parent or guardian paying child support. Do not include child support received.) .....\$ \_\_\_\_\_
11. Monthly health insurance premiums paid directly to the insurance company. (Do NOT include premiums paid pre-tax through your employer via payroll deduction or premiums that are deducted on your tax return as self-employed insurance deductions.) .....\$ \_\_\_\_\_

## Current ANNUAL Expenses:

12. Annual vehicle insurance expense. ....\$ \_\_\_\_\_
13. Total annual out-of-pocket medical expenses not paid by insurance. ....\$ \_\_\_\_\_
14. Charitable contributions – cash or checks – per year. ....\$ \_\_\_\_\_
15. College Expenses:
  - 15a. Number of family members attending college beginning in the fall of 2023..... \_\_\_\_\_
  - 15b. 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.) .....\$ \_\_\_\_\_
16. Child/Day Care Expenses: (do not include preschool/prekindergarten expenses.)
  - 16a. Number of children for whom you pay child/day care expenses beginning in the fall of 2023..... \_\_\_\_\_
  - 16b. Total amount of child/day care expenses expected this year.....\$ \_\_\_\_\_
17. Elder Care Expenses:
  - 17a. Number of people for whom you pay elder care expenses beginning in the fall of 2023..... \_\_\_\_\_
  - 17b. Total amount of elder care expenses expected this year.....\$ \_\_\_\_\_

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

*If none, enter "0"*

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

## Section 6: Authorization

### I. Terms and Conditions:

St. Jerome Early Childhood Center is solely responsible for determining the final aid award. Submission of the application does not guarantee receipt of financial aid.

### II. Privacy and Security:

Information provided with this Application will not be shared with any third party without the prior consent of the individuals submitting this application. Access to the information shall be restricted except to the extent that St. Jerome Early Childhood Center staff must use the data to provide service to you. St. Jerome Early Childhood Center maintains physical and procedural safeguards to protect data from being accessed by any unauthorized parties.

### III. Authorization:

I (we) accept and agree to be bound by the terms and conditions listed above and acknowledge that the information provided on this form is true, correct and complete to the best of my (our) knowledge, and that I am (we are) authorized to sign this form and to disclose this information.

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date