

St. Cecilia School and Academy

Financial Aid Application for 2016-2017 School Year

INCOME ELIGIBILITY – All figures represent **maximum** eligible incomes per household size.

INCOME ELIGIBILITY GUIDELINES

Maximum Income Based on Total Annual 2015 Income			
House size	up to 75%	up to 50%	up to 25%
2	Up to \$15,930	\$15,931 - \$29,471	\$29,472 - \$43,011
3	Up to \$20,090	\$20,091 - \$37,167	\$37,168 - \$54,243
4	Up to \$24,250	\$24,251 - \$44,863	\$44,864 - \$65,475
5	Up to \$28,410	\$28,411 - \$52,559	\$52,560 - \$76,707
6	Up to \$32,570	\$32,571 - \$60,255	\$60,256 - \$87,939
7	Up to \$36,730	\$36,731 - \$67,951	\$67,952 - \$99,171
8	Up to \$40,890	\$40,891 - \$75,647	\$75,648 - \$110,403

Eligibility Requirements

1. Completed application with Today and Tomorrow Educational Foundation (TTEF)
 - a. Help for Today – Hope for Tomorrow Scholarship OR
 - b. Jones Scholarship
2. Completed student application(s) including full payment of application fee(s)
3. Completed Questionnaire (reverse)

Parent/Guardian Information			
First Name	Middle Name	Last Name	
Home Address		City / State / ZIP	
Home Phone	Cell Phone	Work Phone	
Email Address			
Student Information			
Name		Grade (16-17)	
Name		Grade (16-17)	
Name		Grade (16-17)	
Name		Grade (16-17)	

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Questionnaire

Required Documentation on file with TTEF

- 2015 Federal Tax Return Proof of Residency Proof of additional income

Additional Circumstances

Check all that apply to your situation within the past 12 months:

- | | | |
|---|--|--|
| <input type="checkbox"/> Loss of job | <input type="checkbox"/> College expenses | <input type="checkbox"/> High debt |
| <input type="checkbox"/> Recent separation/divorce | <input type="checkbox"/> Income reduction | <input type="checkbox"/> Child support reduction |
| <input type="checkbox"/> Change in family living status | <input type="checkbox"/> Illness or injury | <input type="checkbox"/> Medical/Dental expenses |
| <input type="checkbox"/> Change in work status | <input type="checkbox"/> Death in the family | <input type="checkbox"/> Shared tuition |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Shared custody | <input type="checkbox"/> Other (Explain below) |

Please describe why your family is seeking additional financial aid.

Please share any additional information regarding your family that you feel is important for review.

WHAT IS NEEDED TO PROCESS THIS APPLICATION

(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE.)

- This application form filled out in its entirety, SIGNED AND DATED BELOW by the Parent or Guardian listed in Sections A and B.

IF YOU HAVE FILED A 2015 IRS FORM 1040:

A complete photocopy of your 2015 Form 1040, 1040A, or 1040EZ (as filed with the IRS, including all Schedules), 2015 W-2 Forms, 2014 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s).

IF YOU HAVE NOT YET FILED A 2015 IRS FORM 1040:

A complete photocopy of your most recent Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules), 2015 W-2 Forms, 2014 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 and a copy of your last filed tax return.*

IF YOU DO NOT FILE AN IRS FORM 1040 AND RECEIVE ONLY NON-TAXABLE INCOME:

Photocopies of your 2015 YEAR-END Social Services statement (TANF, etc.), Food Stamp documentation, Student Loans and/or grant documentation for parent's education, Social Security income statements showing **TOTAL AMOUNT** received in 2015 for **ALL** members of the household.

SIGN HERE

I/We declare that the information on this form is true, correct, and complete to the best of our knowledge.

Parent or Guardian (Section A)

Date

Parent or Guardian (Section B)

Date