

# **Student Aid Form**



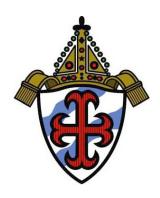
PARENT NAME

Place PSAS provided School Label over all contents within these brackets

7 032E GRAN

OFFICE USE ONLY Barcode

# Diocese of Grand Rapids



Use just one form for both Parish/School and Diocesan tuition assistance programs.

### TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:

Please note: This application requires documentation for income received in 2014.

- Detailed copies of all pages and Schedules of your 2014 Federal Income Tax Return Form 1040 1040A, or 1040EZ (as filed with the IRS) for individuals listed in Sections A and B. Recaps and/or Summary Forms are not acceptable. If you file Schedule(s) A, C, E, F or a statement of dependence, you must provide copies. If you earned income outside the US, provide all income documentation. If you have not yet filed, or are not required to file a tax return, see the REQUIRED DOCUMENTATION section of the INSTRUCTIONS.
- 2. Copies of all 2014 W-2 Wage and Tax Statement Forms, all 2014 1099/1099R for Interest/Dividends, Pensions Annuities and/or Misc. Income Forms for individuals listed in Sections A and B (Please make sure all documentation is copied on regular 8<sup>1</sup>/<sub>2</sub> x 11 paper - documentation CANNOT be returned).
- 3. Documentation of TOTAL AMOUNTS received in 2014 for all Non-Taxable Income (see Section G for specific requirements).
- 4. Check or Money Order payable to PRIVATE SCHOOL AID SERVICE for the non-refundable application fee of \$31.00. Payment by check or electronic funds transfer (ACH) is your express authorization that if the payment is returned unpaid for any reason you consent to have your bank account electronically debited twice by PSAS or its third party payment processor or collections agency. One debit will recover the item amount and the second debit will be the charge for applicable returned check and collection fees as allowed by law.
- 5. This application form filled out in its entirety, signed and dated by the individuals listed in Sections A and B.
- In order to be eligible for the Bishop's Scholarship, applicants' parish membership will be verified by the Office of Catholic Schools.

IMPORTANT: If the above items do not accompany this application, your application will not be considered complete.

PSAS does not make final financial aid decisions. You will not receive results from PSAS. For more comprehensive instructions, please visit www.psas.org/instructions.

Keep a copy of this completed application and all documentation for your records.

| Form #032E (2014)                                    |                         | STL     | J D E N             | TAID                                 | FO        | RM // 20                                                                               | 16-20                                  | 17      |                     |                                                                    |                                     |                 |                     |
|------------------------------------------------------|-------------------------|---------|---------------------|--------------------------------------|-----------|----------------------------------------------------------------------------------------|----------------------------------------|---------|---------------------|--------------------------------------------------------------------|-------------------------------------|-----------------|---------------------|
| A Parent, Guardia Responsible for                    |                         | lult    |                     |                                      |           | Parent, Gu<br>Residing w                                                               |                                        |         | er Ad               | ult                                                                |                                     |                 |                     |
| Check One: O Father O !                              | Mother O Step-F         | ather   | O Step-Mo           | other O Oth                          | er Adult  | Check One:                                                                             | • O Mother                             | 0       | Step-Fa             | ther O Ste                                                         | ep-Mother                           | O Ot            | her Adult           |
| Last Name                                            | First N                 | Name    |                     |                                      | M.I.      | Last Name                                                                              |                                        |         | First Na            | ame                                                                |                                     |                 | M.I                 |
|                                                      |                         |         | 1                   | 1                                    |           | -                                                                                      | -                                      |         |                     | 1                                                                  | 1                                   |                 |                     |
| Social Security Number                               |                         | Date    | of Birth            |                                      |           | Social Security Numbe                                                                  | r                                      |         |                     | Date of Birth                                                      |                                     |                 |                     |
| Address                                              |                         |         | Aparti              | ment # (if app                       | olicable) | Address                                                                                |                                        |         |                     |                                                                    | Apartment                           | # (if ap        | plicable)           |
| City                                                 |                         |         | State               | Zip Code                             |           | City                                                                                   |                                        |         |                     |                                                                    | State                               | Zip Cod         | 10                  |
| ( ) -                                                |                         | (       | )                   | -                                    |           |                                                                                        | -                                      |         | (                   | )                                                                  |                                     | -               |                     |
| Area Code Primary Phone                              | e<br>                   | Area (  | Code Seco           | ndary Phone                          |           | Area Code Primary                                                                      | Phone                                  |         |                     | Area Code                                                          | Secondar                            | y Phone         | 9                   |
| Email Address (REQUIRED)                             |                         |         |                     |                                      |           | Email Address (REQUI                                                                   | RED)                                   |         |                     |                                                                    |                                     |                 |                     |
| Employed By                                          |                         |         |                     | How long?                            | (years)   | Employed By                                                                            |                                        |         |                     |                                                                    | Ho                                  | ow long'        | (years)             |
| Preferred Contact: O Prima                           |                         |         | ,                   | O E-mail                             |           | Preferred Contact:                                                                     | •                                      |         |                     | condary Pho                                                        |                                     | E-mail          |                     |
| Go Green: Check this box If you are self-employed, p | ,                       |         |                     |                                      | ically.   | ☐ Go Green: Check                                                                      |                                        |         |                     |                                                                    |                                     |                 | nically.            |
|                                                      | ARISH CODE (SE          |         |                     |                                      |           |                                                                                        | ED: PARISH                             |         |                     |                                                                    |                                     |                 |                     |
| <b>C</b> Dependents                                  |                         |         |                     |                                      |           | ncluding college student<br>er child, grandchild, etc.                                 |                                        |         |                     |                                                                    | r that stud                         | ent. Ind        | licate              |
| DO NOT LEAVE BLANK                                   |                         |         | Numb                | er of depende                        | ent child | ren who will attend a tui                                                              | ion charging                           | schoo   | l in the            | fall of 2016?                                                      | ,                                   |                 |                     |
| DO NOT LEAVE BLANK                                   | # in Daycare:           |         | # in Pre-K          | :: # ir                              | Element   | ary School: # in                                                                       | Secondary Sch                          | nool: _ |                     | # in College:                                                      |                                     | Total: _        |                     |
| Dependent<br>Last Name                               | Dependent<br>First Name | M.I.    | Date<br>of<br>Birth | Relation<br>to Parent/<br>Guardian A | plan      | city, and state of school st<br>s to attend in the fall of 201<br>LEAVE BLANK OR ABBRE | 6. in the fall o                       | f       | Aid? fe             | mount I/We<br>eel I/We can<br>pay toward<br>tuition?<br>(PER YEAR) | Tuition charged yearly per student? |                 | ol Code<br>ee list) |
| 1                                                    |                         |         |                     |                                      |           | School Name                                                                            |                                        |         |                     | (I EIC I EAIC)                                                     |                                     |                 |                     |
|                                                      |                         |         |                     |                                      |           | City and State                                                                         |                                        | 0       | 0                   |                                                                    |                                     |                 |                     |
| 2                                                    |                         |         |                     |                                      |           | School Name  City and State                                                            |                                        | O       | O                   |                                                                    |                                     |                 |                     |
| 3                                                    |                         |         |                     |                                      |           | School Name                                                                            |                                        | +       |                     |                                                                    |                                     | +               |                     |
|                                                      |                         |         |                     |                                      |           | City and State                                                                         |                                        | 0       | $ \mathbf{O} $      |                                                                    |                                     |                 |                     |
| 4                                                    |                         |         |                     |                                      |           | School Name                                                                            |                                        | 0       | 0                   |                                                                    |                                     |                 |                     |
|                                                      |                         |         |                     |                                      |           | City and State                                                                         |                                        | _       |                     |                                                                    |                                     | <u> </u>        |                     |
| 5                                                    |                         |         |                     |                                      |           | School Name                                                                            |                                        | 0       | 0                   |                                                                    |                                     |                 |                     |
| ☐ Please check if additiona                          | al dependents are       | listed  | on a separa         | ate sheet.                           |           | City and State                                                                         |                                        |         |                     |                                                                    |                                     |                 |                     |
| D Household Inf                                      |                         |         |                     |                                      |           |                                                                                        |                                        |         |                     |                                                                    |                                     |                 |                     |
| Number of individuals who                            |                         | our hou | sehold during       | g the <b>2016-2</b> 0                | 017       | 2. Current marital sta                                                                 | tus /housing                           | arraı   | ngemei              | nt of Parent                                                       | /Guardiar                           | 1 A:            | _                   |
| school year:                                         |                         |         |                     |                                      |           | O a. Single, never N                                                                   |                                        |         | orced*<br>narried   |                                                                    | siding with                         |                 |                     |
| Parents/Guardians                                    | Children                |         | Other* _            |                                      |           | O b. Married O c. Widowed                                                              |                                        |         | narried'<br>arated' |                                                                    | ier:<br>Explain in S                |                 |                     |
| *If Other, please explain _                          |                         |         |                     |                                      |           | *If Single, Divorced,                                                                  | Remarried, o                           | Sepa    | rated, y            | you are requi                                                      | red to com                          | plete <b>Se</b> | ection E.           |
| E Single, Divorc                                     | ed, Remarrie            | ed, o   | r Separa            | ited Pare                            | nts (T    | o be completed by                                                                      | the Parent                             | /Gua    | rdian               | listed in S                                                        | Section                             | A)              |                     |
| 1. Date of separation (Month/                        | Year)                   |         |                     |                                      |           | 2. Date of divorce (Mon                                                                | th/Year)                               |         |                     |                                                                    |                                     |                 |                     |
| 3. Non-custodial parent (Last,                       |                         |         |                     |                                      |           | 4. Who claimed studen                                                                  | t as a tax dep                         | enden   | t in <b>201</b>     |                                                                    |                                     |                 |                     |
| 5. Who is responsible for the t                      | tuition for the deper   | •       | ·                   | ection C?                            |           |                                                                                        | Percent of tuition                     | 1       |                     | Child Received                                                     | Support (p                          |                 |                     |
| Father Name:                                         |                         | sponsib | le for:             |                                      |           |                                                                                        | paid (per studen<br>Percent of tuitior | t):     | %                   | \$Received                                                         | \$<br>Paid                          |                 | Neither             |
| Mother Name:                                         |                         | esponsi | ble for:            |                                      |           |                                                                                        | paid (per studen                       | t):     | %                   | \$Received                                                         | \$ Paid                             |                 | Neither             |
| Other Name:                                          |                         |         |                     |                                      |           |                                                                                        | paid (per studen                       |         | %                   | \$                                                                 | _ \$                                |                 | Neither             |

| Taxable Income (Answers in                                                                                                                                                                                                                                                                                                                                                             | US\$ ONLY)                                                                          |                                         | Non-Taxable Income (Answers in U                                                                                                                                                                                                                                                                                                                                                                                                                      | S\$ ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The <b>2014</b> federal tax return for student's househ                                                                                                                                                                                                                                                                                                                                | old was:                                                                            |                                         | List the <b>total amount</b> received from <b>1/1/14-12/31/14</b> for all <b>DO NOT</b> list monthly amounts                                                                                                                                                                                                                                                                                                                                          | s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| O Not filed yet (See Required Documenta                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                         | 10. Child Support                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$ po                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| O I/We do not file. I/We only receive non-ta                                                                                                                                                                                                                                                                                                                                           | xable income - Go                                                                   | to Section G                            | 11. Cash Assistance (TANF)                                                                                                                                                                                                                                                                                                                                                                                                                            | \$ p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                        | Actual 2014                                                                         | Estimate 2015                           | 12. Food Stamps (SNAP)                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Total number of exemptions claimed on Federal                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                         | a. Medicaid received in 2014? O Yes O No                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Income Tax form.                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                         | 13. Social Security income (SSA/SSD, etc.)                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Parent/Guardian A total taxable income from W-2                                                                                                                                                                                                                                                                                                                                        | •                                                                                   | •                                       | (Provide documentation for all recipients in household.)                                                                                                                                                                                                                                                                                                                                                                                              | \$ p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| wages (Box 1). Total income for Parent A only                                                                                                                                                                                                                                                                                                                                          | \$                                                                                  | \$                                      | Social Security income ( <u>SSI Only</u> )     Total received in 2014                                                                                                                                                                                                                                                                                                                                                                                 | \$*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Parent/Guardian B total taxable income from W-2 wages (Box 1). <i>Total income for Parent B only</i>                                                                                                                                                                                                                                                                                   | \$                                                                                  | \$                                      | (Provide documentation for all recipients in household.)                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                        | Ψ                                                                                   | _ V                                     | 14. Student loans and/or grants received for PARENT's education                                                                                                                                                                                                                                                                                                                                                                                       | on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Net business income* from self-employment, farm, rentals, and other businesses. (*Go to Section K)                                                                                                                                                                                                                                                                                     |                                                                                     |                                         | (Not college attending dependents or students listed in Sect                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (Attach Schedules C, E, and/or F from your IRS 1040) See 2014 1040 lines 12, 17, and 18                                                                                                                                                                                                                                                                                                | \$                                                                                  | ¢                                       | a. Total received in 2014                                                                                                                                                                                                                                                                                                                                                                                                                             | \$*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ,                                                                                                                                                                                                                                                                                                                                                                                      | Ψ                                                                                   | _ Ψ                                     | b. Total used for living expenses                                                                                                                                                                                                                                                                                                                                                                                                                     | \$ p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Other non-work taxable income from interest, dividends, alimony, unemployment, and non-                                                                                                                                                                                                                                                                                                |                                                                                     |                                         | 15. Housing Assistance (Sec. 8, HUD, etc.)                                                                                                                                                                                                                                                                                                                                                                                                            | \$ p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| business income. See 2014 1040 lines 8a, 9a-11, 13,                                                                                                                                                                                                                                                                                                                                    | \$                                                                                  | ¢.                                      | a. Religious Housing Assistance                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 14, 15b, 16b, 19-21; See 2014 1040A lines 8a-14b                                                                                                                                                                                                                                                                                                                                       | Φ                                                                                   | _ ⊅                                     | (parsonage, manse, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A, or 1040EZ.                                                                                                                                                                                                                                                                                                      |                                                                                     |                                         | Total received in 2014                                                                                                                                                                                                                                                                                                                                                                                                                                | \$*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| See 2014 1040 line 36 or 1040A line 20                                                                                                                                                                                                                                                                                                                                                 | \$                                                                                  | _ \$                                    | <ol> <li>Other non-taxable income (Working for cash, Adoption and<br/>or Foster Subsidy, Worker's Comp., Disability, Pension/</li> </ol>                                                                                                                                                                                                                                                                                                              | i/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Total "Adjusted Gross Income" as reported on your                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                         | Retirement, etc. Identify source(s) in Section L)                                                                                                                                                                                                                                                                                                                                                                                                     | \$ p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| IRS 1040, 1040A, or 1040EZ.<br>See 2014 1040 line 37 or 1040A line 21                                                                                                                                                                                                                                                                                                                  | \$                                                                                  | \$                                      | a. Any and all Military/VA Benefits and/or Compensation                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                        | Ψ                                                                                   | _ V                                     | Total received in 2014 (Identify source(s) in Section L)                                                                                                                                                                                                                                                                                                                                                                                              | \$ p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Total Tax Paid as reported on your IRS 1040, 1040A, or 1040EZ. <b>See 2014 1040 line 63 or 1040A</b>                                                                                                                                                                                                                                                                                   |                                                                                     |                                         | 17. Loans/Gifts from friends or relatives                                                                                                                                                                                                                                                                                                                                                                                                             | \$ pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| line 39                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                                  | \$                                      | 18. Personal Savings/Investment Accounts used for household                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| . Medical/Dental expenses as reported on Schedule                                                                                                                                                                                                                                                                                                                                      | \$                                                                                  | •                                       | expenses (Do not include totals listed in Section I)                                                                                                                                                                                                                                                                                                                                                                                                  | \$ po                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| A, line 1 of your IRS 1040 form.                                                                                                                                                                                                                                                                                                                                                       | <b>\$</b>                                                                           | _ \$                                    | 19. Total non-taxable income for <b>2014</b>                                                                                                                                                                                                                                                                                                                                                                                                          | \$ pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| b. Charitable Contributions as reported on Schedule<br>A, line 19 of your IRS 1040 form.                                                                                                                                                                                                                                                                                               | \$                                                                                  | \$                                      | *You must provide 2014 YEAR-END documentation for items 11-16:<br>from the appropriate Public Agency, or documentation showing                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Housing Information (DO NO                                                                                                                                                                                                                                                                                                                                                             | ) I LEAVE BL                                                                        | ANK)                                    | Assets & Investments (Current Val                                                                                                                                                                                                                                                                                                                                                                                                                     | ues)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Do you rent or own your residence?                                                                                                                                                                                                                                                                                                                                                     | O Rent O                                                                            | Own (go to line 22)                     | 23. Total amount in cash, checking, and savings accounts                                                                                                                                                                                                                                                                                                                                                                                              | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| . If renting, what is the monthly rental payment'                                                                                                                                                                                                                                                                                                                                      | ? \$                                                                                |                                         | 24. Total value of money market funds, mutual funds,                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                         | stocks, bonds, CDs, or other securities                                                                                                                                                                                                                                                                                                                                                                                                               | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| a. Amount paid by household                                                                                                                                                                                                                                                                                                                                                            | \$                                                                                  | per month                               | 25. Total value of IRA, Keogh, 401K, SEP, or other                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| b. Amount paid by other source(s)                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                         | _                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| . , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                | \$                                                                                  | per month                               | retirement accounts                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| , ,                                                                                                                                                                                                                                                                                                                                                                                    | \$<br>• • • Yes • • • •                                                             | per month                               | _                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$<br>\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| c. Are you current on your monthly payment?                                                                                                                                                                                                                                                                                                                                            |                                                                                     | per month                               | retirement accounts  a. What was your total contribution to your retirement                                                                                                                                                                                                                                                                                                                                                                           | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| , ,                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     | per month                               | retirement accounts  a. What was your total contribution to your retirement account(s) in <b>2014</b> (IRA, Keogh, 401K, SEP, etc.)?                                                                                                                                                                                                                                                                                                                  | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| c. Are you current on your monthly payment?  If No, what was the total amount paid in 20                                                                                                                                                                                                                                                                                               |                                                                                     | per month                               | retirement accounts  a. What was your total contribution to your retirement account(s) in <b>2014</b> (IRA, Keogh, 401K, SEP, etc.)?  26. If you own real estate other than your primary residence                                                                                                                                                                                                                                                    | \$<br>e:                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| c. Are you current on your monthly payment?  If No, what was the total amount paid in 20  If you own a residence:                                                                                                                                                                                                                                                                      |                                                                                     | per month                               | retirement accounts  a. What was your total contribution to your retirement account(s) in 2014 (IRA, Keogh, 401K, SEP, etc.)?  26. If you own real estate other than your primary residence a. What is the fair market value?                                                                                                                                                                                                                         | \$<br>e:                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| c. Are you current on your monthly payment?  If No, what was the total amount paid in 20  If you own a residence:  a. What is the current market value?                                                                                                                                                                                                                                |                                                                                     | per month                               | retirement accounts  a. What was your total contribution to your retirement account(s) in 2014 (IRA, Keogh, 401K, SEP, etc.)?  26. If you own real estate other than your primary residence a. What is the fair market value?  b. What is the amount still owed?                                                                                                                                                                                      | \$<br>e:<br>\$<br>\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| c. Are you current on your monthly payment?  If No, what was the total amount paid in 20  If you own a residence:  a. What is the current market value?  b. What is the amount still owed, including                                                                                                                                                                                   | \$\$<br>\$                                                                          | per month                               | retirement accounts  a. What was your total contribution to your retirement account(s) in 2014 (IRA, Keogh, 401K, SEP, etc.)?  26. If you own real estate other than your primary residence a. What is the fair market value?  b. What is the amount still owed?  27. Do you own a business?  Yes  No                                                                                                                                                 | \$<br>e:<br>\$<br>\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| c. Are you current on your monthly payment?  If No, what was the total amount paid in 20  If you own a residence:  a. What is the current market value?                                                                                                                                                                                                                                |                                                                                     | per month                               | retirement accounts  a. What was your total contribution to your retirement account(s) in 2014 (IRA, Keogh, 401K, SEP, etc.)?  26. If you own real estate other than your primary residence a. What is the fair market value?  b. What is the amount still owed?  27. Do you own a business?  Yes O No If Yes, please go to Section                                                                                                                   | \$<br>e:<br>\$<br>\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| c. Are you current on your monthly payment?  If No, what was the total amount paid in 20  If you own a residence:  a. What is the current market value?  b. What is the amount still owed, including                                                                                                                                                                                   | \$\$<br>\$                                                                          | per month                               | retirement accounts  a. What was your total contribution to your retirement account(s) in 2014 (IRA, Keogh, 401K, SEP, etc.)?  26. If you own real estate other than your primary residence a. What is the fair market value?  b. What is the amount still owed?  27. Do you own a business? Yes No If Yes, please go to Section a. What is the fair market value of your business?  b. What is the amount still owed?  28. Do you own a farm? Yes No | \$ e:     \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ul> <li>c. Are you current on your monthly payment? If No, what was the total amount paid in 20</li> <li>f. If you own a residence:</li> <li>a. What is the current market value?</li> <li>b. What is the amount still owed, including home equity loans?</li> <li>c. What is the monthly mortgage payment?</li> </ul>                                                                | \$\$<br>\$\$                                                                        | per month  No  per month                | retirement accounts  a. What was your total contribution to your retirement account(s) in 2014 (IRA, Keogh, 401K, SEP, etc.)?  26. If you own real estate other than your primary residence a. What is the fair market value?  b. What is the amount still owed?  27. Do you own a business?  Yes No If Yes, please go to Section a. What is the fair market value of your business?  b. What is the amount still owed?                               | \$ e:     \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ul> <li>c. Are you current on your monthly payment? If No, what was the total amount paid in 20</li> <li>2. If you own a residence:</li> <li>a. What is the current market value?</li> <li>b. What is the amount still owed, including home equity loans?</li> </ul>                                                                                                                  | \$\$<br>\$\$                                                                        | per month  No  per month                | retirement accounts  a. What was your total contribution to your retirement account(s) in 2014 (IRA, Keogh, 401K, SEP, etc.)?  26. If you own real estate other than your primary residence a. What is the fair market value?  b. What is the amount still owed?  27. Do you own a business? Yes No If Yes, please go to Section a. What is the fair market value of your business?  b. What is the amount still owed?  28. Do you own a farm? Yes No | \$ e:     \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ul> <li>c. Are you current on your monthly payment? If No, what was the total amount paid in 20</li> <li>f. If you own a residence:</li> <li>a. What is the current market value?</li> <li>b. What is the amount still owed, including home equity loans?</li> <li>c. What is the monthly mortgage payment?</li> </ul>                                                                | \$\$<br>\$\$<br>\$\$                                                                | per month  No  per month                | retirement accounts  a. What was your total contribution to your retirement account(s) in 2014 (IRA, Keogh, 401K, SEP, etc.)?  26. If you own real estate other than your primary residence a. What is the fair market value?  b. What is the amount still owed?  27. Do you own a business?                                                                                                                                                          | \$ e:     \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ul> <li>c. Are you current on your monthly payment? If No, what was the total amount paid in 20</li> <li>d. If you own a residence:</li> <li>a. What is the current market value?</li> <li>b. What is the amount still owed, including home equity loans?</li> <li>c. What is the monthly mortgage payment?</li> <li>d. Are you current on your monthly payment?</li> </ul>           | \$\$<br>\$\$<br>\$\$<br>2                                                           | per month  No  per month                | retirement accounts  a. What was your total contribution to your retirement account(s) in 2014 (IRA, Keogh, 401K, SEP, etc.)?  26. If you own real estate other than your primary residence a. What is the fair market value?  b. What is the amount still owed?  27. Do you own a business?                                                                                                                                                          | \$ s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s                 |
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| c. Are you current on your monthly payment?  If No, what was the total amount paid in 20  If you own a residence:  a. What is the current market value?  b. What is the amount still owed, including home equity loans?  c. What is the monthly mortgage payment?  d. Are you current on your monthly payment?  If No, what was the total amount paid in 20  Unusual Circumstances (Ch | \$\$ \$\$ \$\$  Yes O  14? \$  14? \$  1eck all that ap  1 e. Bankrup  1 f. College | per month  No  per month  No  per month | retirement accounts  a. What was your total contribution to your retirement account(s) in 2014 (IRA, Keogh, 401K, SEP, etc.)?  26. If you own real estate other than your primary residence a. What is the fair market value?  b. What is the amount still owed?  27. Do you own a business?                                                                                                                                                          | \$ s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s s |

| Parent/Guardian A: Print Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                                  | SS#:                   |                       |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------|------------------------|-----------------------|---------------------------------------------|
| Business Owners or Self-Er                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nployed Individuals (201                                                                      | 4 Estimates)                     |                        |                       |                                             |
| If you have not filed your <b>2014</b> Tax Return, a property, and/or a farm please provide an expression of the state of the s | and are Self-Employed, own a busii                                                            | ness, rental                     | nedule C               | Schedule E            | Schedule F                                  |
| What is your total estimated <b>GROSS</b> busines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                                                                             |                                  | \$                     |                       | \$<br>                                      |
| 2. What is your total NET business taxable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | income/loss? (DO NOT LEAVE BI                                                                 | LANK) \$                         | \$                     |                       |                                             |
| 3. If your business pays your home rent or mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rtgage, what is the annual total?                                                             | •                                | \$                     |                       |                                             |
| 4. If your business pays for your personal auto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | omobile, what is the annual total?                                                            |                                  | \$                     |                       |                                             |
| 5. If your business pays any portion of other p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ersonal expenses, list total amount                                                           | and explain in Section L.        | \$                     |                       |                                             |
| 6. If you own rental property: What was the tol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | al amount of Rental Income receiv                                                             | ed?                              | \$                     |                       |                                             |
| Explanations (Use this space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | to explain any answers which                                                                  | n may need clarificatio          | on.)                   |                       |                                             |
| E Explanatione (see this space)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | to explain any anowers which                                                                  | rmay need oldrinodile            | ,···,                  |                       |                                             |
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| Certification, Authorization,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and Documentation Rec                                                                         | uirements                        |                        |                       |                                             |
| 10010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                  |                        |                       |                                             |
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| (IF ANT OF THE FOLLOWIN<br>1. This application form filled out in its en                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                                                                                             |                                  |                        |                       | •                                           |
| 2. A check or money order made payable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                  |                        |                       |                                             |
| If you have filed a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | If you have not you                                                                           | 4040                             | •                      | u do not fi           |                                             |
| A complete photocopy of your 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2014 TRS Form A complete photocopy of your most re                                            |                                  |                        | n-taxable i           | eceive only<br>ncome:                       |
| Form 1040, 1040A, or 1040EZ (as filed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or 1040EZ (as filed with the IRS, w                                                           | ith all Schedules). 2014         |                        | *                     | R-END Social Services                       |
| with the IRS, including all Schedules).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | W-2 Forms, <b>2014</b> 1099/1099R, or 10<br>earning adult residing with the applica           | , ,                              | ,                      | and the second second | Stamp documentation, on, Student Loans and/ |
| <b>2014</b> W-2 Forms, <b>2014</b> 1099/1099R,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | is submitted after April 15, 2015, yo                                                         | ou must provide a copy           | or grant docur         | nentation for pare    | ent's education, Social                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of the 2014 Extension for Filing Re<br>the IRS and a copy of your last file                   |                                  | ,                      |                       | ing <b>TOTAL AMOUNTS</b> of the household.  |
| An electronic recap of this written app<br>the electronic recap. Please check this<br>you have entered on this application (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | s box and include an additional \$                                                            | 5 with your processing fee       |                        |                       |                                             |
| Checkout                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | □ Non-Refundable Applicatio                                                                   | n Processing Fee                 |                        |                       |                                             |
| CICNLIEDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Electronic Recap Fee (opti                                                                  |                                  |                        |                       |                                             |
| SIGN HERE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | *Please make checks payable                                                                   |                                  |                        |                       |                                             |
| I/We declare that the information on this form is true, cor<br>schools and programs named in Section C under contra<br>C based on changes in the desired or enrolled school in<br>programs provided by Parent A or Parent B, or by the D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | act with PSAS. I/We understand that the Dic<br>for the children listed in Section C, and I/We | ocese of Grand Rapids and Parent | t A and Parent B can o | change the schools an | d programs named in Sectio                  |
| → Parent/Guardian A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date                                                                                          | Parent/Guardian B                |                        |                       | Date                                        |
| Name of Parish                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                  |                        |                       |                                             |
| This Student Aid Form (SAF), all attachments an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d an analysis of your SAF are sent on                                                         | ly to the school(s) or agencie   | es contracting with    | PSAS subject to vo    | ur authorization above.                     |

You will not receive results from PSAS. No other agency will see or receive any information about this application or its attachments.

Meil completed application and photocopping of all decumentation to:

Mail completed application and photocopies of all documentation to: PRIVATE SCHOOL AID SERVICE, P.O. BOX 89434, CLEVELAND, OH 44101-6434

Questions? Call: (440) 892-4272 ■ Copyright © 2015 Private School Aid Service

### INTRODUCTION

**PRIVATE SCHOOL AID SERVICE (PSAS)** is under contract with the school, school system, or organization from which you obtained this application for tuition assistance. Our purpose is to provide a reasonable assessment of the ability of each family to pay for the education of their children at private and independent elementary and secondary schools.

Your Student Aid Form, all attachments, and an analysis of your SAF are sent only to the school(s) or agencies contracting with PSAS. **No other agency will receive any information about this application or its attachments.** 

PRIVATE SCHOOL AID SERVICE does not make any decisions about recipients and amounts of financial aid awarded. Recipients and amounts of aid are determined by the designated school or agency. YOU WILL NOT RECEIVE RESULTS FROM PRIVATE SCHOOL AID SERVICE.

### INSTRUCTIONS

### A&B Parent, Guardian or Other Adult

This form should be filled out by the parent, guardian or other adult responsible for the tuition of the child or children attending a private or independent school contracting with PSAS. If the parents/guardians are divorced or separated, only the parent responsible for the tuition and any other adult residing in the household should fill out the form. If tuition is shared, each responsible party must complete a Student Aid Form (SAF) if financial aid is needed.

Answer *all questions* for both parent(s), stepparent(s), or guardian(s) responsible for tuition for the dependent(s) listed in Section C. **Do not leave any questions blank.** If natural parents are divorced, separated or single, answer all questions in Section E. If natural parents are divorced/separated and remarried, list information for custodial parent and new spouse. If either parent answers "self-employed," and has not filed a tax return, complete Section K. If you provide your email address to PSAS, it will be used for application related communication only. Your email address will also be provided to the organizations you list in Section C as part of your application. Your email address will not be shared with any other third party.

#### CALCULATIONS ARE BASED ON TOTAL HOUSEHOLD INCOME.

### C Student Information

List all dependent children residing in your household in order of oldest to youngest. Indicate date of birth and the relation to Parent/Guardian A listed in Section A of the application (i.e. child, grandchild, foster child, stepchild, etc.). If your dependents will be enrolled in any tuition charging school or agency next fall (including daycare, preschool, elementary school, high school, college, or trade school), list the name of the school, city and state where the school is located. List the grade your child(ren) will enter next fall (2016-2017); the amount you feel you can pay toward tuition per year, and the amount of tuition charged per student per year.

If "No" is checked for a student listed in Section C, that student will not be considered for tuition assistance. For all additional dependents, use a separate sheet.

**NOTE:** The information regarding tuition charged per student assists PSAS in making the most equitable analysis of your ability to pay for private education. If you are unsure, please estimate.

### **D** Household Information

**ITEM 1:** Enter total number of individuals living in the household. Include any college students claimed on the tax return. Do not include children who have moved out of the home. Include all family members dependent on and residing with the parent listed in Section A.

**ITEM 2:** Check the appropriate box indicating custodial parents' marital status. If parents are single, divorced, remarried, or separated, complete Section E.

### Single, Divorced, Remarried, or Separated Parents

If dependent(s) parents are divorced or separated, or do not reside in the same household, the custodial parent must provide the information requested in Section E about the non-custodial parent.

If the date of separation took place in the year 2014, PSAS will require copies of any tax returns filed jointly or independently by both parent(s)/guardian(s) for 2014. Be sure to estimate the income in Section F for 2015.

**ITEM 5:** Indicate who is responsible for tuition and what percentage for the dependents listed in Section C. List the total amount of child support actually received by custodial parents listed in Sections A & B. List the total amount received and the total amount paid for **2014**.

### Taxable Income (Answers in US\$ ONLY)

List all actual amounts for 2014 and estimated amounts for 2015.

**ITEM 1:** Enter the total number of exemptions you claimed on your **2014** IRS Form 1040, 1040A, or 1040EZ.

**ITEM 2:** Enter the total **2014** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION A. Attach all copies of **2014** W-2 forms and/or **2014** 1099 forms from all employers.

**ITEM 3:** Enter the total **2014** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION B. Attach all copies of **2014** W-2 forms and/or **2014** 1099 forms from all employers.

**ITEM 4:** Enter the total net income from business (attach Schedule C or C-EZ), all rents, royalties, partnerships (attach Schedule E), and all farm income or loss (attach Schedule F). If you have received income from any of these sources and are estimating your income for **2014**, you must also fill out Section K of this application. (See **2014** 1040 lines 12, 17, and 18, enter sum total.)

ITEM 5: Enter the total of all other taxable income from interest, dividend income (attach Schedule B if over \$400), taxable refunds, credits or offsets of state and local income taxes, alimony received, capital gain or loss (attach Schedule D). List all capital gain distributions not previously reported, total IRA distributions (if rolled-over, explain in Section L), pensions and annuities, unemployment compensation, taxable social security benefits, and any other taxable income. Attach copies of all Form 1099/1099R, and/or Form 1098 for Interest/Dividends, Pensions/Annuities or other misc. income. Attach copies of Social Security Income statements and Unemployment Compensation documentation for year-end 2014. (See 2014 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21, or 1040A lines 8a-14b, enter sum total.)

ITEM 6: Enter allowable adjustments to income, such as IRA payments, self-employment tax, self-employed health insurance deduction, Keogh retirement plan and self-employed SEP deductions, penalty on early savings withdrawals, and alimony paid. Add together to arrive at your total adjustments. DO NOT include your standard deduction or deduction amounts for each family member. (See 2014 1040 line 36, or 1040A line 20.)

**ITEM 7:** Enter total adjusted gross income as reported on your IRS Form 1040, 1040A or 1040EZ. Attach all pages of the applicable tax form (1040, 1040A, 1040EZ) for documentation. (See **2014** 1040 line 37, or 1040A line 21.)

ITEM 8: Enter the Total Tax paid (not withheld) as reported on your IRS Form 1040, 1040A, or 1040EZ. (See 2014 1040 line 63, or 1040A line 39.)

**ITEM 9a:** Enter the total of any medical and dental expenses as reported on Schedule A, line 1 of your IRS Form 1040 (attach Schedule A).

**ITEM 9b:** Enter the total amount of Charitable Contributions as reported on Schedule A, line 19 of your IRS Form 1040 (attach Schedule A).

### G

#### Non-Taxable Income (Answers in US\$ ONLY)

If you receive non-taxable income, you must list and provide documentation of the TOTAL YEARLY AMOUNTS received in 2014 for all recipients in the household for the following: Cash Assistance (TANF), Food Stamps, Social Security income, Student loans and/or grants (received for PARENT's education), Housing assistance (Section 8, HUD, etc.), Worker's Compensation, Disability or Retirement.

**ITEM 10: Child support:** Report total amount received for **2014** for all children in the household.

ITEM 11: Cash Assistance (TANF): Report total amount received for 2014.

**ITEM 12: Food Stamps (SNAP):** Report total amount received for **2014**. Do not combine with TANF or Medicaid.

ITEM 12a: Did you receive Medicaid in 2014?

**ITEM 13: Social Security benefits:** Report the total non-taxable (**SSA/SSD**, **etc.**) amount received in **2014** for all recipients in household.

ITEM 13a: Social Security benefits: Report the total non-taxable (SSI ONLY) amount received in 2014 for all recipients in household.

**ITEM 14: Student loans and/or grants:** Report the total amount received in **2014** for PARENT'S education. <u>Do not list loans, grants or scholarships received for dependents in Section C</u>. Identify how much of this income was used for household expenses in **2014**.

ITEM 15: Housing assistance: Report the total amount received for 2014. Identify in Section L all sources of Housing assistance (government assistance, Section 8, HUD, family/friends or other sources), including monies received toward rental/mortgage payments and/or utilities.

ITEM 15a: Religious Housing assistance: Report the total amount received for 2014.

ITEM 16: Other non-taxable income: Report all additional non-taxable income received in 2014 including: Working for cash, Deductible IRA or Keogh payments; untaxed portions of pensions; tax exempt interest income; foreign income exclusion; Workers' Compensation; cash support or any money paid on your behalf, including support from a non-custodial parent or any other person (do not include court ordered support here); adoption and/or foster care subsidy, or any other benefit or income not subject to taxation by any government (Refugee Assistance, etc.). Identify source(s) in Section L.

ITEM 16a: Any and all Military/VA Benefits and/or Compensation: Provide your Leave and Earnings Statement (if applicable) and report the total amount received for 2014 of food and other living allowances paid to members of the military, veterans non-education benefits (Death Pension, Dependency and Indemnity Compensation, etc.), VA Educational Work-Study, etc. Identify source(s) in Section L.

ITEM 17: Loans/Gifts received from friends or relatives: Report the total amount received in 2014.

**ITEM 18: Personal Savings/Investment Accounts:** Report the total amount used in **2014** for household expenses.

ITEM 19: Total non-taxable income for 2014: Add together Items 10-18.

### Н

#### **Housing Information**

ITEMS 20 and 21: If you rent your home or apartment, list your monthly rental or lease payment here, including amounts paid by household and other sources.

**ITEM 21c:** Indicate whether you are current on your monthly rental payment and if not, what the actual amount was that you paid in **2014**.

**ITEM 22a:** Determine the present value of the family home and list it. Local real estate agents should be able to help you if you are unsure.

ITEM 22b: Check with your lending institution and enter the amount still owed, including second mortgages.

ITEM 22d: Indicate whether you are current on your monthly mortgage payment and if not, what the actual amount was that you paid in 2014.

### 1

#### Assets and Investments

ITEM 23: List total of current balances in cash, savings, and checking accounts. Do not include IRAs or Keoghs.

ITEM 24: List total current market value of money market funds, mutual funds, stocks, bonds, CDs or other securities.

**ITEM 25:** List total current market value of all retirement funds, including IRA, Keogh, 401K, and SEP plans or other retirement accounts. List total amount contributed in **2014** for Item 25a.

**ITEM 26:** Answer Items 26a and 26b for any and all investment real estate (not including the family's primary residence), if applicable. **Do not list the value of your home.** Second homes, rental properties, and land contracts should be included.

ITEM 27: If you own a business, check the Yes box and answer Items 27a and 27b. If you have not filed your 2014 tax return, complete Section K of this application.

ITEM 28: If you own a farm, check the Yes box and answer Items 28a and 28b. If you have not filed your 2014 tax return, complete Section K of this application.

#### **Unusual Circumstances**

Check any and all items that apply to your situation. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying and also include a letter of explanation with this application.

### K

### **Business Income**

Provide 2014 Business Income Estimates if you have not filed your 2014 Tax Return.

ITEM 1: List estimated total GROSS business income for 2014.

ITEM 2: List estimated total NET taxable business income/loss for 2014.

ITEM 3: List the total amount paid by business in 2014 for home rent or mortgage.

ITEM 4: List the total amount paid by business in 2014 for personal automobile.

**ITEM 5:** List the total amount of personal expenses paid by business in **2014** that do not fall into one of the categories above.

ITEM 6: List total amount of estimated rental income received in 2014.

If providing income estimates for more than one business, corporation or farm (Schedule C, Schedule E and/or Schedule F) please list information for each business, corporation or farm separately. Use additional sheet or Section L, if necessary.

### L

### **Explanation**

If any specific question requires clarification, write a brief explanation in this space. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying.

### M

### Certification, Authorization, and Documentation Requirements

You **must** sign the form in this section. Your signature authorizes PSAS to release the form and attachments to the contracting schools indicated in Section C. By signing the form, you also certify that the information submitted is correct. This application CANNOT be processed without the appropriate signature(s) and the appropriate documentation.

### **REQUIRED DOCUMENTATION**

#### If you have filed your 2014 IRS Form 1040:

You must submit photocopies of all pages of your **2014** Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules, **2014** W-2 Forms, **2014** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). *Do not include your State tax return unless requested.* 

### If you have not filed your 2014 IRS Form 1040:

You must submit photocopies of all **2014** W-2 Forms, **2014** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s), and photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules). *If this application is submitted after April 15, 2015, you must provide a copy of the 2014 Extension for Filing Request, as approved by the IRS.* 

If you are an Independent Contractor or self-employed and have *not* filed your 2014 IRS form 1040:

You must complete Section K and submit photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules), 2014 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, 2015, you must provide a copy of the 2014 Extension for Filing Request, as approved by the IRS.

### If you receive non-taxable income:

You must submit photocopies of your 2014 YEAR-END (01/01/14 - 12/31/14) Cash Assistance documentation (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Student loan and/or grant documentation (for PARENT's education), Social Security Income statements, showing the TOTAL AMOUNT received in 2014 for ALL members of the household. If you list any total for line 16, you must identify source(s) in Section L.

IF YOU EARNED INCOME OUTSIDE THE US, PROVIDE ALL DOCUMENTATION OF INTERNATIONAL INCOME.

### **DIOCESE OF GRAND RAPIDS**

### **SCHOOL AND PARISH CODE LIST**

### **SCHOOL CODES**

### LIST SCHOOL CODES IN SECTION C

### **PARISH CODES**

### LIST PARISH CODE IN SECTION A AND B

| LIS         | SCHOOL CODES IN S                 | ECTION C        |             | LIST PA                         | ARISH CODE II    | N SEC       | I ION A AND B                     |                  |
|-------------|-----------------------------------|-----------------|-------------|---------------------------------|------------------|-------------|-----------------------------------|------------------|
| <u>Code</u> | School Name                       | <u>City</u>     | <u>Code</u> | Parish Name                     | <u>City</u>      | <u>Code</u> | Parish Name                       | <u>City</u>      |
| 0551        | All Saints Academy                | Grand Rapids    | 1021        | All Saints, Freemont            | Freemont         | 1035        | St. Isidore                       | Grand Rapids     |
|             | •                                 | ·               | 1004        | Assumption of the BVM           | Belmont          | 1036        | St. James, GR                     | Grand Rapids     |
| 0502        | Assumption of the BVM School      | Belmont         | 1024        | Basilica of St. Adalbert        | Grand Rapids     | 1067        | St. James, Montague               | Montague         |
|             |                                   |                 | 1025        | Blessed Sacrament               | Grand Rapids     | 1070        | St. Jean Baptiste                 | Muskegon         |
| 0510        | Catholic Central High School      | Grand Rapids    | 1023        | Cathedral of St. Andrew         | Grand Rapids     | 1091        | St. Jerome                        | Scottville       |
|             |                                   |                 | 1051        | Christ the King                 | Howard City      | 1020        | St. John Cantius                  | Free Soil        |
| 0545        | Corpus Christi Catholic School    | Holland         | 1009        | · ·                             | Ť                | 1108        | St. John Paul II                  | Cedar Spring     |
| 0542        | Can Ivan Diago Academy            | W/vamina        |             | Holy Family, Caledonia          | Caledonia        | 1011        | St. John the Baptist, Claybanks   | Claybanks        |
| 0543        | San Juan Diego Academy            | Wyoming         | 1093        | Holy Family, Sparta             | Sparta           | 1052        | St. John the Baptist, Hubbardston | Hubbardston      |
| 0511        | Holy Spirit School                | Grand Rapids    | 1100        | Holy Name of Jesus              | Wyoming          | 1103        | St. John Vianney                  | Wyoming          |
|             | 1101) 0011110                     | orana rapiao    | 1055        | Holy Redeemer                   | Jenison          | 1018        | St. Joseph, Elbridge              | Elbridge         |
| 0504        | Holy Trinity School               | Comstock Park   | 1027        | Holy Spirit                     | Grand Rapids     | 1071        | St. Joseph, Pewamo                | Pewamo           |
|             |                                   |                 | 1001        | Holy Trinity                    | Comstock Park    | 1097        | St. Joseph/St. Vincent, Weare     | Weare            |
| 0512        | Immaculate Heart of Mary School   | Grand Rapids    | 1028        | Immaculate Heart of Mary        | Grand Rapids     | 1098        | St. Joseph, White Cloud           | White Cloud      |
|             |                                   |                 | 1029        | Lativian Apostolate             | Grand Rapids     | 1099        | St. Joseph, Wright                | Wright           |
| 0529        | Ludington Area Catholic School    | Ludington       | 1089        | Mary Queen of Apostles          | Sand Lake        | 1003        | St. Joseph/St. Mary, Belding      | Belding          |
| 0=00        |                                   |                 | 1087        | Our Lady of Consolation         | Rockford         | 1037        | St. Joseph the Worker             | Wyoming          |
| 0532        | Muskegon Catholic Schools (K-12)  | Muskegon        | 1092        | Our Lady of Fatima/St. Gregory  | Shelby           | 1038        | St. Jude                          | Grand Rapids     |
| 0541        | Our Lady of Consolation School    | Rockford        | 1068        | Our Lady of Grace               | Muskegon         | 1109        | St. Luke University               | Allendale        |
| 0341        | Our Lady of Consolation School    | Rockiola        |             | •                               | ŭ                | 1047        | St. Margaret                      | Harvard          |
| 0513        | Sacred Heart Academy              | Grand Rapids    | 1101        | Our Lady of La Vang             | Wyoming          | 1017        | St. Margaret Mary Alacoque        | Edmore           |
| 00.0        | 000.00.100.17.10000,              | Grana rapido    | 1030        | Our Lady of Sorrows             | Grand Rapids     | 1010        | St. Mary, Carson City             | Carson City      |
| 0528        | SS. Peter and Paul School         | Ionia           | 1088        | Our Lady of the Assumption      | Rothbury         | 1039        | St. Mary, GR                      | Grand Rapids     |
|             |                                   |                 | 1049        | Our Lady of the Lake            | Holland          | 1060        | St. Mary, Lowell                  | Lowell           |
| 0518        | St. Anthony of Padua School       | Grand Rapids    | 1077        | Prince of Peace                 | North Muskegon   | 1065        | St. Mary, Marne                   | Marne            |
|             |                                   |                 | 1019        | Sacred Heart, Evart             | Evart            | 1072        | St. Mary of Immaculate Conception | Muskegon         |
| 0505        | Divine Providence Academy, St. Jo | seph            | 1031        | Sacred Heart, GR                | Grand Rapids     | 1094        | St. Mary, Spring Lake             | Spring Lake      |
|             | and St. Catherine's Campuses      | Ravenna/Conklin | 1074        | Sacred Heart, Muskegon Hts.     | Muskegon Heights | 1056        | St. Mary Magdalen                 | Kentwood         |
|             |                                   |                 | 1041        | SS. Peter and Paul              | Grand Rapids     | 1059        | St. Mary of the Woods             | Lakewood Club    |
| 0526        | St. Charles School                | Greenville      | 1053        | SS. Peter and Paul              | Ionia            | 1015        | St. Mary/St. Jerome, Custer       | Custer           |
| 0544        | Ct. John Vienney Cohool           | W/vamina        | 1064        | St. Agnes                       | Marion           | 1005        | St. Mary/St. Paul, Big Rapids     | Big Rapids       |
| 0544        | St. John Vianney School           | Wyoming         | 1032        | St. Alphonsus                   | Grand Rapids     | 1013        | St. Michael, Coopersville         | Coopersville     |
| 0535        | St. Joseph School                 | Pewamo          | 1002        |                                 | Baldwin          | 1073        | St. Michael, Muskegon             | Muskegon         |
|             | э. э. э. э.                       |                 |             | St. Ann/St. Ignatius            |                  | 1007        | St. Michael/Christ the King       | Brunswick        |
| 0503        | St. Mary School                   | Big Rapids      | 1078        | St. Anne                        | Paris            | 1085        | St. Michael the Archangel         | Remus            |
|             |                                   |                 | 1090        | St. Anthony                     | Saranac          | 1079        | St. Patrick, Parnell              | Parnell          |
| 0542        | St. Mary School                   | Spring Lake     | 1033        | St. Anthony of Padua            | Grand Rapids     | 1082        | St. Patrick, Portland             | Portland         |
|             |                                   |                 | 1076        | St. Bartholomew/Our Lady of Gua | idalupe Newaygo  | 1022        | St. Patrick/St. Anthony           | Grand Haven      |
| 0540        | St. Michael School                | Remus           | 1095        | St. Bernadette of Lourdes       | Stanton          | 1040        | St. Paul the Apostle              | Grand Rapids     |
| 0500        | Ot Dated Oaksel                   | A.I.            | 1054        | St. Bernard                     | Irons            | 1084        | St. Philip Neri                   | Reed City        |
| 0500        | St. Patrick School                | Ada             | 1083        | St. Catherine                   | Ravenna          | 1043        | St. Pius X                        | Grandville       |
| 0537        | St. Patrick School                | Portland        | 1045        | St. Charles                     | Greenville       | 1000        | St. Robert of Newminister         | Ada              |
| 0001        | Ot. 1 dirick Ochool               | 1 Ordana        | 1102        | St. Dominic                     | Wyoming          | 1008        | St. Sebastian                     | Byron Center     |
| 0522        | St. Paul the Apostle School       | Grand Rapids    | 1057        | St. Edward                      | Lake Odessa      | 1061        | St. Simon                         | Ludington        |
| ==          |                                   |                 | 1050        | St. Francis de Sales, Holland   | Holland          | 1016        |                                   | st Grand Rapids  |
| 0507        | St. Stephen School Ea             | st Grand Rapids | 1058        | St. Francis de Sales, Lakeview  | Lakeview         | 1042        | St. Thomas the Apostle, GR        | Grand Rapids     |
|             |                                   |                 |             |                                 |                  | 1080        | St. Thomas the Apostle, Muskegon  | •                |
| 0523        | St. Thomas the Apostle School     | Grand Rapids    | 1069        | St. Francis de Sales, Muskegon  | ŭ                |             |                                   |                  |
|             |                                   | _               | 1012        | St. Francis Xavier, Conklin     | Conklin          | 1107        | Not Catholic                      |                  |
| 0524        | West Catholic High School         | Grand Rapids    | 1034        | St. Francis Xavier (Shrine), GR | Grand Rapids     | 0001        | OTHER (PLEASE SPECIFY IN SEC      | TION A AND/OR B) |
|             |                                   |                 |             |                                 |                  |             |                                   |                  |

### **Avoiding the Most Common Errors**

## THE MOST COMMON ERROR THAT APPLICANTS MAKE IS SENDING THE APPLICATION INCOMPLETE. IN ORDER FOR AN APPLICATION TO BE REVIEWED. IT MUST INCLUDE:

- All pages of your **2014** IRS Form 1040, 1040A, or 1040EZ (Federal Income Tax Return). **Do not send your state tax return, recap, or tax summary.** (If you have not yet filed your **2014** IRS Form 1040, or you do not file, please see the Required Documentation Section of the instructions.)
- 2014 W-2 and/or 1099 Forms for individual(s) listed in Sections A and B (Please make sure all documentation is copied on regular 81/2 x 11 paper).
- · Non-taxable income verification.
- A check or money order for the non-refundable application fee of \$31.00.
  - → Print clearly and neatly with a blue or black ball point pen.
  - Make a photocopy of your completed Student Aid Form and all supporting documentation for your records.
  - → Do not staple ANYTHING to the Student Aid Form.
  - Submit the original application only.
  - → Affix proper postage to the envelope (applications without sufficient postage will be returned by the post office).
  - → Do not send any original documents. Originals cannot be returned.

PSAS CANNOT PROCESS YOUR APPLICATION IF YOU HAVE NOT INCLUDED THE REQUIRED DOCUMENTATION AND APPLICATION FEE.

### **Frequently Asked Questions**

### My spouse and I recently separated, who should fill out the application and with what information?

The person responsible for tuition should fill out the application. If you and your former spouse filed a joint tax return for the requested tax year then both adults should be included on the application. If both adults resided in the same home for half of the requested tax year then both parents should be included on the application. For example, if the application is requesting **2014** tax information and the couple separated in August **2014**, then both adults will be expected to provide documentation of their income.

### I have not filed my tax return. What documents should I provide?

Please provide your last filed tax return and **2014** W-2 Forms. If you filed a Schedule C, E or F on the last filed tax return then you must provide gross and net business estimates in Section K. If you filed a Schedule C, E or F in the previous year's tax year, and do not plan on filing in the requested tax year, please state that in Section L. *Please Note: An IRS extension will be requested for all applications received April 15<sup>th</sup> and later.* 

#### What is a net and gross business estimate?

Gross business income is the total amount of sales for a tax year. Net business income is the total amount of sales for a tax year minus the operating cost (The net business income is essentially the profit from the business, rental property or farm).

#### What is a Schedule C, E and F?

- A Schedule C refers to business income or loss.
- A Schedule E refers to rental property, royalties, partnerships, S corporations, trusts, etc.
- A Schedule F refers to farm income or loss.

## I have children in pre-school and/or college who are not applying for aid. Should I put them on the application? If so, why does it matter?

Please list all dependent children residing in your home who attend a tuition charging school/program. PSAS factors in the amount of children the household has in tuition charging schools.

### I live with a significant other who is not responsible for my child's tuition. Should I include their information?

Financial aid considerations are based on total household income. In an effort to maintain consistency PSAS considers all members of the household who are contributing to household living expenses even if they are not legally responsible for tuition.

#### Why should I provide an email address?

E-mail is used to set up your personal PSAS account ,correspond with PSAS and track your application online at <a href="https://www.my.psas.org">www.my.psas.org</a>. The email address provided is only used by PSAS and the school(s) or agencies contracting with PSAS and will not be provided to any other entity.

For more frequently ask questions please visit <a href="www.psas.org">www.psas.org</a>.

If your inquiry does not match any of the listed FAQ's please email PSAS at info@psas.org or call (440) 892-4272.