

Applicant Information

Required fields are marked with*

Parent or Guardian Information

Prefix *First *Last

Middle Suffix

*Mailing Address

*City *State *Zip

County of Residence *Country

Daytime Phone Ext Evening Phone Ext

Cell Phone

E-Mail Address

*Social Security Number *Date of Birth

*Marital Status *Relationship to Student(s)

Occupation Employer

*Employment Status

Place of Worship Information

I do not attend a Place of Worship

Religious Affiliation++

++ Demographic information is not required for FACTS to evaluate your need but may be required by your school, diocese, or organization providing the scholarship.

Co-Applicant Information

Required fields are marked with*

I do not have a Co-Applicant living in my household.

Student Information

Required fields are marked with*

*First	*Last	Middle
Abbi	Applicant	
*Date of Birth	Gender++	
January 1 2000	<input type="radio"/> Male <input checked="" type="radio"/> Female	
Social Security Number	*Ethnicity++	
***-**-7676	Caucasian	
Place of Worship Information		
Place of Worship ++		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> This student does not attend a Place of Worship		
Religious Affiliation++		
<input type="text"/>		

++ Demographic information is not required for FACTS to evaluate your need but may be required by your school, diocese, or organization providing the scholarship.

School Information

Required fields are marked with*

Please estimate approximate amounts if you are not sure.

Select the below for all tuition charging PK-12 schools where the student is applying to or will attend.

Abbi Applicant			
* School Applying To	* Grade Entering	* Annual Tuition	* How much can you pay?
<input checked="" type="checkbox"/> Test School for G&A	4th	\$6,000	\$600
Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce or paternity proceeding. Do not include child support payments.			<input type="text" value="\$0"/>
Is this student applying for a state funded scholarship or voucher program?			<input type="radio"/> Yes <input checked="" type="radio"/> No

Taxable Income

Required fields are marked with*

Size of Household

- *1a. Number of adults living in this household?
- *1b. Number of children living in this household?
- *2. Do you file a federal income tax return?
- Yes, I file taxes
- Yes, I file taxes but do not receive income from W2's
- No, I do not file taxes
3. Does the co-applicant file a federal income tax return?
- Yes, files jointly with applicant
- Yes, files jointly with the applicant but does not receive income from W2's
- Yes, files separately from applicant
- Yes, files separately from the applicant and does not receive income from W2's
- No, does not file

Taxable Income

- *4. Please list the "Adjusted Gross Income" from the applicant's most recent federal income tax return.
5. If filing jointly or if there is not a co-applicant, enter "0". If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return.
- *6. Do you own any of the following?
- Business Yes No
- Farm Yes No
- Rental Property Yes No
- S Corporation Yes No
- Partnership Yes No
- Estates and Trusts Yes No

Non-Taxable Income

Required fields are marked with*

Please list the amount and frequency (Week, Month or Year) you receive for each type of non-taxable income.

If none, enter 0

- | | | | |
|---|----------------------------------|-----|----------------------|
| *7. Child Support Received | <input type="text" value="\$0"/> | per | <input type="text"/> |
| *8. Social Security benefits received that were not taxed, such as SSI | <input type="text" value="\$0"/> | per | <input type="text"/> |
| *9. Temporary Assistance for Needy Families (TANF) | <input type="text" value="\$0"/> | per | <input type="text"/> |
| *10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC) | <input type="text" value="\$0"/> | per | <input type="text"/> |
| *11. Food Stamps | <input type="text" value="\$0"/> | per | <input type="text"/> |
| *12. Tuition support anticipated from friends/relatives/employer | <input type="text" value="\$0"/> | per | <input type="text"/> |
| *13. Worker's Compensation | <input type="text" value="\$0"/> | per | <input type="text"/> |
| *14. Other Nontaxable Income | <input type="text" value="\$0"/> | per | <input type="text"/> |

Change of Income

Required fields are marked with*

- *15. Do you anticipate a decrease in your annual income for 2012? Yes No

Monthly Expenses

Required fields are marked with*

Residential Expenses

- *1. Do you rent or own your primary residence?
- *2. Monthly rent or mortgage payment? (Include principal, interest, taxes and home insurance.)
- *3. Do you own a second home (not including rental property)? Yes No
- a. If yes, what is the monthly mortgage payment on your second home (including principal, interest, taxes, and home insurance)?
- *4. Monthly home equity loan payments

Vehicle Expense

5. Add all vehicles leased or owned, including any vehicle that does not have a monthly payment. Please do not include insurance expense.

<input type="text" value="Make/Model"/>	<input type="text" value="Year"/>	<input type="text" value="Monthly Payment"/>
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Credit Cards and Other Loans

- *6. Total Credit Card Debt
- *7. Total of all minimum amounts due on monthly credit card statements
- *8. Monthly student loan payments for family members no longer attending college
- *9. Do you have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses.) Yes No
If yes, please list below.

<input type="text" value="Loan Creditor"/>	<input type="text" value="Monthly Payment"/>
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- *10. Monthly Child Support Payments
- *11a. Health insurance premiums paid per month
- *11b. Health insurance premiums are paid

Annual Expenses

Required fields are marked with*

- *12. Annual Vehicle Insurance Expense
- *13. Total annual out-of-pocket medical expenses not paid by insurance
- *14. Charitable contributions - cash or checks per year

College Expenses

- *15a. Number of family members attending college beginning this fall
- 15b. Total amount of your family's out-of-pocket cost for college expected this school year

Child/Day Care Expenses

(Do not include preschool/prekindergarten expenses. This should be indicated in Section 2-School information.)

- *16a. Number of children for whom you pay child/day care expenses beginning this fall
- 16b. Total amount of child/day care expenses expected this year

Elder Care Expenses

- *17a. Number of people for whom you pay elder care expenses
- 17b. Total amount of elder care expenses expected this year

Additional Questions from Test School for G&A

Please list the amount you spend annually on all your other expenses.

Please list the amount you spend annually on mobile phones.

Assets & Liabilities

Required fields are marked with*

- *1. Value of cash, savings, and/or checking accounts
- *2. Value of stocks, bond investments, mutual funds, and/or certificates of deposit
- *3. Value of retirement plan assets
- *4. What is your and/or your spouse's annual contribution to retirement plan assets?
- 5. If you own your home, what is the estimated value?
- 6. If you own your home, what is the amount you owe?
- 7. If you own a second home, what is the estimated value?
- 8. If you own a second home, what is the amount you owe?

Additional Questions from Test School for G&A

Please list the amount of money you have hidden under mattresses or buried in the ground.

Additional Information

Required fields are marked with*

Additional information is being requested by one or more Institutions where you are applying for financial assistance. Please complete the following information.

Test School for G&A

Please explain why your family feels it needs financial aid.