

SECTION 1

PARENT/GUARDIAN #1 INFORMATION *(Parents, Step-Parents, Guardian – do not list divorced parent outside the household)*

| | | | | |
|---|----------------------|------------------|-------|---------------|
| FIRST NAME | | LAST NAME | | DATE OF BIRTH |
| DAYTIME PHONE NUMBER | EVENING PHONE NUMBER | EMAIL | | |
| STREET ADDRESS | | | | APT # |
| CITY | | | STATE | ZIP |
| MARITAL STATUS <i>(select one)</i> | | PLACE OF WORSHIP | | |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Residing with Significant Other | | | | |
| WORK STATUS <i>(select one)</i> | | | | |
| <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Disabled | | | | |
| RELIGIOUS AFFILIATION | | | | |

PARENT/GUARDIAN #2 INFORMATION *(Parents, Step-Parents, Guardian – do not list divorced parent outside the household)*

| | | | | |
|---|----------------------|------------------|-------|---------------|
| FIRST NAME | | LAST NAME | | DATE OF BIRTH |
| DAYTIME PHONE NUMBER | EVENING PHONE NUMBER | EMAIL | | |
| STREET ADDRESS | | | | APT # |
| CITY | | | STATE | ZIP |
| MARITAL STATUS <i>(select one)</i> | | PLACE OF WORSHIP | | |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Residing with Significant Other | | | | |
| WORK STATUS <i>(select one)</i> | | | | |
| <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Disabled | | | | |
| RELIGIOUS AFFILIATION | | | | |

DEPENDENT INFORMATION *(Enter all dependents in the household. A school status is required for each dependent)*

| | | | | |
|---|--------------------------------------|------------------------------------|-------------------------|----------------|
| FIRST NAME | | LAST NAME | | DATE OF BIRTH |
| SCHOOL STATUS <i>(select one)</i> | | | | |
| <input type="checkbox"/> Applying for Aid <input type="checkbox"/> Not Attending School <input type="checkbox"/> Attending Public School <input type="checkbox"/> Attending Other Private School (Not Applying for Aid) | | | | |
| TUITION AMOUNT \$ | SCHOOL NAME | | | UPCOMING GRADE |
| NON-TUITION EDUCATION EXPENSES \$ | STUDENT EDUCATION CONTRIBUTION \$ | DEPENDENT ESTIMATED EARNINGS \$ | DEPENDENT SAVINGS \$ | |
| FIRST NAME | | LAST NAME | | DATE OF BIRTH |
| SCHOOL STATUS <i>(select one)</i> | | | | |
| <input type="checkbox"/> Applying for Aid (School Code Required) <input type="checkbox"/> Not Attending School <input type="checkbox"/> Attending Public School <input type="checkbox"/> Attending Other Private School (Not Applying for Aid) | | | | |
| TUITION AMOUNT \$ | SCHOOL NAME | | | UPCOMING GRADE |
| NON-TUITION EDUCATION EXPENSES \$ | STUDENT EDUCATION CONTRIBUTION \$ | DEPENDENT ESTIMATED EARNINGS \$ | DEPENDENT SAVINGS \$ | |
| FIRST NAME | | LAST NAME | | DATE OF BIRTH |
| SCHOOL STATUS <i>(select one)</i> | | | | |
| <input type="checkbox"/> Applying for Aid (School Code Required) <input type="checkbox"/> Not Attending School <input type="checkbox"/> Attending Public School <input type="checkbox"/> Attending Other Private School (Not Applying for Aid) | | | | |
| TUITION AMOUNT \$ | SCHOOL NAME | | | UPCOMING GRADE |
| NON-TUITION EDUCATION EXPENSES \$ | STUDENT EDUCATION CONTRIBUTION \$ | DEPENDENT ESTIMATED EARNINGS \$ | DEPENDENT SAVINGS \$ | |

SECTION 2

EMPLOYMENT INFORMATION (List all jobs held by Parent (s)/Guardian(s) since January 1st of the previous year even if no longer employed.)

| PARENT | EMPLOYER NAME | CURRENTLY AT JOB? | PREVIOUS YEAR W-2 INCOME | CURRENT YEAR ESTIMATED INCOME |
|---|---------------|--|--------------------------|-------------------------------|
| <input type="checkbox"/> #1 <input type="checkbox"/> #2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |
| <input type="checkbox"/> #1 <input type="checkbox"/> #2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |
| <input type="checkbox"/> #1 <input type="checkbox"/> #2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |
| <input type="checkbox"/> #1 <input type="checkbox"/> #2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |

BUSINESS INFORMATION (List all Business, Farm, Corporation, and Partnership income since January 1st of the previous year.)

| PARENT | BUSINESS NAME | STILL OPERATING? | PERCENT OWNED |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> #1 <input type="checkbox"/> #2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| TYPE OF BUSINESS | <input type="checkbox"/> Proprietorship <input type="checkbox"/> Farm <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | PREVIOUS YEAR NET PROFIT | PREVIOUS YEAR DEPRECIATION |
| | | \$ | \$ |
| | | CURRENT YEAR ESTIMATED NET PROFIT | \$ |
| | | | \$ |

| PARENT | BUSINESS NAME | STILL OPERATING? | PERCENT OWNED |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> #1 <input type="checkbox"/> #2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| TYPE OF BUSINESS | <input type="checkbox"/> Proprietorship <input type="checkbox"/> Farm <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | PREVIOUS YEAR NET PROFIT | PREVIOUS YEAR DEPRECIATION |
| | | \$ | \$ |
| | | CURRENT YEAR ESTIMATED NET PROFIT | \$ |
| | | | \$ |

| PARENT | BUSINESS NAME | STILL OPERATING? | PERCENT OWNED |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> #1 <input type="checkbox"/> #2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| TYPE OF BUSINESS | <input type="checkbox"/> Proprietorship <input type="checkbox"/> Farm <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | PREVIOUS YEAR NET PROFIT | PREVIOUS YEAR DEPRECIATION |
| | | \$ | \$ |
| | | CURRENT YEAR ESTIMATED NET PROFIT | \$ |
| | | | \$ |

| PARENT | BUSINESS NAME | STILL OPERATING? | PERCENT OWNED |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> #1 <input type="checkbox"/> #2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| TYPE OF BUSINESS | <input type="checkbox"/> Proprietorship <input type="checkbox"/> Farm <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | PREVIOUS YEAR NET PROFIT | PREVIOUS YEAR DEPRECIATION |
| | | \$ | \$ |
| | | CURRENT YEAR ESTIMATED NET PROFIT | \$ |
| | | | \$ |

MONTHLY INCOME

| | | | | |
|-----------------------|--------------------|----------------------|--|---|
| WELFARE (TANF) | FOOD STAMPS | FOSTER CARE | SOCIAL SECURITY FOR PARENT(S)/GUARDIAN(S) | DEPENDENTS (UNDER 19) OR ELDERLY |
| \$ | \$ | \$ | \$ | \$ |
| CHILD SUPPORT | ALIMONY | MISCELLANEOUS | TYPES OF MISCELLANEOUS INCOME (choose all that apply) | |
| \$ | \$ | \$ | <input type="checkbox"/> Housing Allowance <input type="checkbox"/> Veteran Benefits <input type="checkbox"/> Insurance <input type="checkbox"/> Annuity <input type="checkbox"/> Retirement | |

OTHER INCOME

| INTEREST AND DIVIDENDS | | ANNUAL WORKERS' COMPENSATION | |
|---|-------------------------------|------------------------------|------------------------------|
| PREVIOUS YEAR INTEREST | ESTIMATED CURRENT YEAR | ACTUAL PREVIOUS YEAR | ESTIMATE CURRENT YEAR |
| \$ | \$ | \$ | \$ |
| ANNUAL UNEMPLOYMENT | | MISCELLANEOUS INCOME | |
| PREVIOUS YEAR ACTUAL | ESTIMATED CURRENT YEAR | ACTUAL PREVIOUS YEAR | ESTIMATE CURRENT YEAR |
| \$ | \$ | \$ | \$ |
| SELECT EACH TYPE OF MISCELLANEOUS ANNUAL INCOME RECEIVED IN PREVIOUS YEAR | | | |
| <input type="checkbox"/> Royalties <input type="checkbox"/> Inheritance <input type="checkbox"/> Winnings <input type="checkbox"/> Capital Gains <input type="checkbox"/> Assistance from Relative/Friends <input type="checkbox"/> 1099-M Income | | | |

SECTION 3

HOME EXPENSES (Please fill out RENT or HOME information, but not both)

| RENT | | UTILITIES (ANNUAL ENERGY EXPENSES) | | |
|--|--|--|------------------------------|---------------------|
| MONTHLY RENT | ANNUAL RENTERS INSURANCE | ELECTRICITY | GAS, OIL, COAL | WATER, SEWER |
| \$ | \$ | \$ | \$ | \$ |
| HOME | | IMPROVEMENTS, ADDITIONS | | |
| YEAR OF PURCHASE | PURCHASE PRICE | \$ | CURRENT MARKET VALUE | |
| | \$ | | \$ | |
| PRINCIPAL OWED ON PROPERTY | MONTHLY MORTGAGE PAYMENT | PREVIOUS YEAR PROPERTY TAX | HOME OWNERS INSURANCE | |
| \$ | \$ | \$ | \$ | |
| TYPE OF DWELLING | PREVIOUS YEAR RENTAL INCOME (multi-family dwelling) | PREVIOUS YEAR RENTAL EXPENSES (multi-family dwelling) | | |
| <input type="checkbox"/> Single-Family <input type="checkbox"/> Multi-Family | \$ | \$ | | |

SECTION 3 *continued*

MEDICAL EXPENSES *(List only your payments for the below)*

| | | | |
|--------------------|------------------------------|----------------------------|---|
| MEDICAL/DENTAL | PREVIOUS YEAR PAYMENTS \$ | CURRENT MEDICAL DEBT \$ | HOW MUCH EMPLOYERS PAY FOR MEDICAL INSURANCE <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None DENTAL INSURANCE <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None |
| PRESCRIPTION DRUGS | \$ | \$ | |
| VISION CARE | \$ | \$ | |

ALIMONY AND CHILD SUPPORT PAYMENTS

| | | | | |
|-------------------------------|---|---|-------------------------------------|--|
| NUMBERS OF CHILDREN SUPPORTED | CHILD SUPPORT PAID IN PREVIOUS YEAR \$ | ESTIMATED SUPPORT PAYMENTS FOR CURRENT YEAR \$ | ALIMONY PAID IN PREVIOUS YEAR \$ | ESTIMATED ALIMONY FOR CURRENT YEAR \$ |
|-------------------------------|---|---|-------------------------------------|--|

CHILDCARE AND/OR ELDERLY CARE EXPENSES

| | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| CHILD CARE | | ELDERLY CARE | |
| PREVIOUS YEAR PAYMENTS \$ | ESTIMATED CURRENT YEAR \$ | PREVIOUS YEAR PAYMENTS \$ | ESTIMATED CURRENT YEAR \$ |

CHARITABLE GIVING *(List your two largest contributions)*

| | | | |
|-----------------|----------------------------------|-----------------|----------------------------------|
| NAME OF CHARITY | PREVIOUS YEAR CONTRIBUTION \$ | NAME OF CHARITY | PREVIOUS YEAR CONTRIBUTION \$ |
|-----------------|----------------------------------|-----------------|----------------------------------|

SECTION 4

ASSETS & DEBTS – REAL ESTATE OTHER THAN HOME

| | | | |
|---|---|---|--|
| NO. OF PROPERTIES OWNED | PURCHASE PRICE OF ALL PROPERTIES \$ | IMPROVEMENTS/ADDITIONS \$ | TOTAL CURRENT MARKET VALUE \$ |
| TOTAL PRINCIPAL AMOUNT OWED <i>(Sum of all mortgages for all properties)</i> \$ | TOTAL MONTHLY LOAN/MORTGAGE PAYMENT \$ | PREVIOUS YEAR GROSS PROPERTY INCOME \$ | PREVIOUS YEAR GROSS PROPERTY EXPENSE \$ |

TYPE OF PROPERTIES *(choose one or more items)* Recreational Business Investment Rental Other

ASSETS – RETIREMENT PLANS

| | | | |
|---|--|---|-------------------------------|
| | PREVIOUS YEAR HOUSEHOLD CONTRIBUTION \$ | PREVIOUS YEAR EMPLOYER CONTRIBUTION \$ | PREVIOUS YEAR END VALUE \$ |
| SELF MANAGED <i>(IRA, SEP, etc.)</i> | | | |
| OTHER QUALIFIED PLAN <i>(Pension, 401K, ESOP, 403(b)(c))</i> | \$ | \$ | \$ |

ASSETS & DEBTS – AUTOMOBILES & RECREATIONAL VEHICLES

| | | | |
|---|-----------------------------------|---|------------------|
| NO. OF AUTOMOBILES YOU OWN | TOTAL VALUE \$ | TOTAL MONTHLY LOAN PAYMENT \$ | TOTAL DEBT \$ |
| NO. OF AUTOMOBILES YOU LEASE | TOTAL MONTHLY LEASE PAYMENT \$ | ANNUAL TOTAL OF VEHICLE INSURANCE \$ | |
| RECREATIONAL VEHICLES/BOATS <i>(Motor homes, boats, motorcycles, etc.)</i> | TOTAL VALUE \$ | TOTAL MONTHLY LOAN PAYMENTS \$ | TOTAL DEBT \$ |

ASSETS – CURRENT

| | |
|------------------------------------|---|
| CHECKING, SAVING, CASH, CD'S \$ | STOCKS, SECURITIES, BONDS, MUTUAL FUNDS <i>(Not included in retirement plans)</i> \$ |
|------------------------------------|---|

MISCELLANEOUS DEBT

| | | |
|---------------------------|---|------------------------------|
| CREDIT CARD DEBT \$ | EDUCATION – PARENT(S)/GUARDIAN(S) \$ | EDUCATION – DEPENDENTS \$ |
| PERSONAL BANK LOANS \$ | LOAN COMPANIES \$ | OTHER DEBT \$ |

SECTION 5

SPECIAL CIRCUMSTANCES

- Your household is expecting another child this year.
- You are in the process of a divorce or separation.
- There has been a recent death in the household.
- Your spouse will not cooperate in completing this form.
- A household member has been recently diagnosed as severely ill.
- A household member has a problem (addictions, mental illness, etc.) that is causing financial stress for the family.
- You are a non-custodial parent who is requested by your school to complete this financial aid form in addition to your ex-spouse, who is also completing this form.
- Your household does not pay any rent or mortgage.
- Your household does not file a 1040 tax document.
- A household member is recently unemployed.

CONTRIBUTIONS TO EDUCATION (CURRENT YEAR)

| | |
|---|----|
| How much (in your opinion) can Parent(s)/Guardian(s) contribute toward the tuition of all dependents in this household next year? | \$ |
| How much per year is a non-custodial parent ordered by law to contribute toward the education of those applying for financial aid in this form? | \$ |
| How much will all student receive in scholarship funds? | \$ |
| How much will other relative and friends contribute toward the education of these students? | \$ |

APPLICATION PROCESSING FEE

There is a \$25 non-refundable application fee required to process application. Please make check payable to Crown of Life. Note in Memo Line: Financial Aid App Fee.

STATEMENTS & SIGNATURES *(This form must be signed by each Parent/Guardian)*

I fully understand that in order to be considered for financial aid, I must complete all sections of the application that apply to my household. I agree to submit all completed tax forms and other financial documents request by the Tuition Management Company. I agree that the Tuition Management Company may contact me to request additional information as it pertains to this application. If I fail to submit requested tax forms, financial documents or misrepresent information submitted on this application in any way, I may be disqualified by the school from receiving financial aid.

If I have selected to make my payment via Credit Card; I authorize the Tuition Management Company to charge my account.

| | |
|------------------------------|------|
| #1 Parent/Guardian Signature | Date |
| #2 Parent/Guardian Signature | Date |

APPLICATION CHECKLIST

- Completed, Signed Application
- Copy of Tax Return (previous year)
- Copy of W2's (previous year)
- Copy of Pay Stub (most current)
- \$25 Check made out to Crown of Life (memo: Financial Aid App Fee)

OFFICE USE ONLY

Date _____ Amount Paid _____ Cash/Check # _____ Employee Initials _____



CROWN OF LIFE LUTHERAN SCHOOL
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