



# Student Aid Form

2016  
2017

PARENT NAME

OFFICE USE ONLY  
Barcode



## Diocese of Scranton Scholarship Foundation

for EITC Scholarships Grades PK-12, OSTC Scholarships, and other Diocesan Financial Aid

### Application Conditions:

- All families are encouraged to apply; only students who live in Pennsylvania are eligible to receive certain funds.
- Incomplete Applications cannot be processed.
- You must list the public school district you reside in.
- You must list the complete name of the public school each child is assigned to attend if he/she were not attending a Catholic school.  
**Do not leave this question blank.**
- **Student(s) must be registered at a Diocese of Scranton school in order to apply for financial aid and a copy of that registration must accompany the application.**

<u>Number of Dependents</u>	<u>Maximum Income</u>
1	\$91,620
2	\$106,890
3	\$122,160
4	\$137,430
5	\$152,700*

\*add \$15,270 for each additional dependent  
**GUIDELINES ARE SUBJECT TO CHANGE**

### Directions:

- One application is to be filed for a family.
- All applications are to be mailed directly to: Private School Aid Service at: P.O. Box 89434, Cleveland, OH 44101-6434
- If you need assistance completing the application, please contact your school.

For information regarding income guidelines for families with special needs students or students attending special education schools, please contact your school administrator.

\* Meeting EITC Guidelines does not guarantee an award. Awards are granted based on funding available and ranking of qualified eligible applicants. Other Scholastic Funding may be available from certain participating schools, for which the EITC Income Guidelines do not apply. Check with your School Administrator for availability.

**This form must be submitted no later than APRIL 15, 2016.**

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

**Please note: This application requires documentation for income received in 2015.**

1. Detailed copies of all pages and Schedules of your **2015** 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 filed a **2015** IRS form 1040, please submit your **2014** Form 1040, 1040A or 1040EZ (as filed with the IRS, including all Schedules) 2015 W-2 forms, 2015 1099, 1099R or 1098 forms for any wage earning adult residing with the applicants. If you are self-employed or own a business, rental property, and /or farm you will need to provide an estimate of this income for **2015**. If this application is submitted after April 15, 2016, you must provide a copy of the **2015** extension for Filing Request, as approved by the IRS and a copy of your last filed tax return. If you are not required to file a tax return, see the REQUIRED DOCUMENTATION section of the INSTRUCTIONS.
2. Copies of all **2015** W-2 Wage and Tax Statement Forms, all **2015** 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 1/2 x 11 paper - documentation CANNOT be returned.**)
3. Documentation of TOTAL AMOUNTS received in **2015** for all Non-Taxable Income (see Section G for specific requirements).
4. Proof of Residency: A copy of your most recent PA-40 Pennsylvania State Tax Return, or a copy of a recent Utility Bill (gas, water, or electric) showing your current address.
5. A copy of your school registration must accompany this application. Your student(s) must be registered at a Diocese of Scranton school in order to apply for financial aid.
6. This application form filled out in its entirety, signed and dated by the individuals listed in Sections A and B.

**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](http://www.psas.org/instructions).**

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

STUDENT NAME

## A Parent, Guardian, or Other Adult Responsible for Tuition

Check One:  Father  Mother  Step-Father  Step-Mother  Other Adult

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ COUNTY OF RESIDENCE \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) Primary Phone (Area Code) Secondary Phone

**E-mail Address (REQUIRED)**

Employed by \_\_\_\_\_ How Long? (years) \_\_\_\_\_ Public School District \_\_\_\_\_

Preferred Contact:  Primary Phone  Secondary Phone  E-mail

**Go Green:** Check this box if you wish to receive all correspondence electronically  If you are self-employed, please check and refer to Section K of this form.

## B Parent, Guardian, or Other Adult Residing with Parent A

Check One:  Father  Mother  Step-Father  Step-Mother  Other Adult

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ COUNTY OF RESIDENCE \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) Primary Phone (Area Code) Secondary Phone

**E-mail Address (REQUIRED)**

Employed by \_\_\_\_\_ How Long? (years) \_\_\_\_\_ Public School District \_\_\_\_\_

Preferred Contact:  Primary Phone  Secondary Phone  E-mail

**Go Green:** Check this box if you wish to receive all correspondence electronically  If you are self-employed, please check and refer to Section K of this form.

**School where registration fee was paid (DO NOT LEAVE BLANK):** \_\_\_\_\_ Code\* \_\_\_\_\_

## C Dependents List all dependent children in order of oldest to youngest, including college students, even if you are not applying for aid for that student. Indicate each dependent's relation to Parent/Guardian A: child, foster child, grandchild, etc. DO NOT LEAVE BLANK.

**DO NOT LEAVE BLANK** Number of dependent children who will attend a tuition charging school in the fall of 2016?

# in Daycare: \_\_\_\_\_ # in Pre-K: \_\_\_\_\_ # in Elementary School: \_\_\_\_\_ # in Secondary School: \_\_\_\_\_ # in College: \_\_\_\_\_ Total: \_\_\_\_\_

1	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:			Grade in Fall of 2016:	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)?	Tuition charged yearly per student:	Name of Public School child would attend (DO NOT ABBREVIATE):			Office Use Only (Special Needs)	School Code*
\$ _____	\$ _____					

2	Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:			Grade in Fall of 2016:	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)?	Tuition charged yearly per student:	Name of Public School child would attend (DO NOT ABBREVIATE):			Office Use Only (Special Needs)	School Code*
\$ _____	\$ _____					

Please check if additional dependents are listed in the Additional Dependents section. \*Refer to School Code List

## D Household Information

1. Number of individuals who will reside in my/our household during the 2016-2017 school year:

Parents/Guardians \_\_\_\_\_ Children \_\_\_\_\_ Other\* \_\_\_\_\_

\*If Other, please explain \_\_\_\_\_

2. Current marital status /housing arrangement of Parent/Guardian A:

- a. Single, never Married\*     d. Divorced\*     g. Residing with Other  
 b. Married     e. Remarried\*     h. Other: \_\_\_\_\_  
 c. Widowed     f. Separated\*    ↳ Explain in Section L

\*If Single, Divorced, Remarried, or Separated, you are required to complete Section E.

## E Single, Divorced, Remarried, or Separated Parents (To be completed by the Parent/Guardian listed in Section A)

1. Date of separation (Month/Year) \_\_\_\_\_ 2. Date of divorce (Month/Year) \_\_\_\_\_

3. Non-custodial parent (Last, First, M.I.) \_\_\_\_\_ 4. Who claimed student as a tax dependent in 2015? \_\_\_\_\_

5. Who is responsible for the tuition for the dependent(s) listed in Section C?				Child Support (per year)		
Father	Name: _____	Names of students father is responsible for: _____	Percent of tuition paid (per student): _____%	<input type="checkbox"/> Received \$ _____	<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Neither
Mother	Name: _____	Names of students mother is responsible for: _____	Percent of tuition paid (per student): _____%	<input type="checkbox"/> Received \$ _____	<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Neither
Other	Name: _____	Names of students other is responsible for: _____	Percent of tuition paid (per student): _____%	<input type="checkbox"/> Received \$ _____	<input type="checkbox"/> Paid \$ _____	<input type="checkbox"/> Neither

\*If the person(s) above is/are responsible for additional students, please list in Section L.

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

The **2015** federal tax return for student's household was:

- Filed  
 Not filed yet (See **Required Documentation** section)  
 I/We do not file. I/We only receive non-taxable income - Go to Section G

	Actual 2015	Estimate 2016
1. Total number of exemptions claimed on Federal Income Tax form.	<input type="text"/>	<input type="text"/>
2. Parent/Guardian A total taxable income from W-2 wages (Box 1). <i>Total income for Parent A only</i>	\$ <input type="text"/>	\$ <input type="text"/>
3. Parent/Guardian B total taxable income from W-2 wages (Box 1). <i>Total income for Parent B only</i>	\$ <input type="text"/>	\$ <input type="text"/>
4. Net business income* from self-employment, farm, rentals, and other businesses. (*Go to Section K) (Attach Schedules C, E, and/or F from your IRS 1040) See 2015 1040 lines 12, 17, and 18	\$ <input type="text"/>	\$ <input type="text"/>
5. Other non-work taxable income from interest, dividends, alimony, unemployment, and non-business income. See 2015 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21; See 2015 1040A lines 8a-14b	\$ <input type="text"/>	\$ <input type="text"/>
6. Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A, or 1040EZ. See 2015 1040 line 36 or 1040A line 20	\$ <input type="text"/>	\$ <input type="text"/>
7. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A, or 1040EZ. See 2015 1040 line 37 or 1040A line 21	\$ <input type="text"/>	\$ <input type="text"/>
8. Total Tax Paid as reported on your IRS 1040, 1040A, or 1040EZ. See 2015 1040 line 63 or 1040A line 39	\$ <input type="text"/>	\$ <input type="text"/>
9a. Medical/Dental expenses as reported on Schedule A, line 1 of your IRS 1040 form.	\$ <input type="text"/>	\$ <input type="text"/>
9b. Charitable Contributions as reported on Schedule A, line 19 of your IRS 1040 form.	\$ <input type="text"/>	\$ <input type="text"/>

## H Housing Information (DO NOT LEAVE BLANK)

20. Do you rent or own your residence?  Rent  Own (go to line 22)
21. If renting, what is the monthly rental payment? \$
- a. Amount paid by household \$  per month
- b. Amount paid by other source(s) \$  per month
- c. Are you current on your monthly payment?  Yes  No
- If No, what was the total amount paid in **2015**? \$
22. 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? \$  per month
- d. Are you current on your monthly payment?  Yes  No
- If No, what was the total amount paid in **2015**? \$

## J Unusual Circumstances (Check all that apply to your situation within the past 12 months)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> a. Loss of job                    | <input type="checkbox"/> e. Bankruptcy        | <input type="checkbox"/> i. Death in the family     | <input type="checkbox"/> m. Medical/Dental expenses      |
| <input type="checkbox"/> b. Recent separation/divorce      | <input type="checkbox"/> f. College expenses  | <input type="checkbox"/> j. Shared custody          | <input type="checkbox"/> n. Shared tuition               |
| <input type="checkbox"/> c. Change in family living status | <input type="checkbox"/> g. Income reduction  | <input type="checkbox"/> k. High debt               | <input type="checkbox"/> o. Other (explain in Section L) |
| <input type="checkbox"/> d. Change in work status          | <input type="checkbox"/> h. Illness or injury | <input type="checkbox"/> l. Child support reduction |  |

Office Use Only

EITC  H  \$

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

List the **total amount** received from **1/1/15-12/31/15** for all recipients in the household. **DO NOT** list monthly amounts.

10. Child Support \$  per year
11. Cash Assistance (TANF) \$  per year\*
12. Food Stamps (SNAP) \$  per year\*
- a. Medicaid received in 2015?  Yes  No
13. Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.) \$  per year\*
- a. Social Security income (SSI Only) (Provide documentation for all recipients in household.) Total received in 2015 \$ \*
14. Student loans and/or grants received for PARENT's education (Not college attending dependents or students listed in Section C.)
- a. Total received in 2015 \$ \*
- b. Total used for living expenses \$  per year\*
15. Housing Assistance (Sec. 8, HUD, etc.) \$  per year\*
- a. Religious Housing Assistance (parsonage, manse, etc.) Total received in 2015 \$ \*
16. Other non-taxable income (Working for cash, Adoption and/or Foster Subsidy, Worker's Comp., Disability, Pension/Retirement, etc. Identify source(s) in Section L) \$  per year\*
- a. Any and all Military/VA Benefits and/or Compensation Total received in 2015 (Identify source(s) in Section L) \$  per year\*
17. Loans/Gifts from friends or relatives \$  per year
18. Personal Savings/Investment Accounts used for household expenses (Do not include totals listed in Section I) \$  per year
19. Total non-taxable income for **2015** \$  per year

\*You must provide 2015 YEAR-END documentation for items 11-16a; either a YEAR-END Statement from the appropriate Public Agency, or documentation showing totals from 1/1/15-12/31/15.

## I Assets & Investments (Current Values)

23. Total amount in cash, checking, and savings accounts \$
24. Total value of money market funds, mutual funds, stocks, bonds, CDs, or other securities \$
25. Total value of IRA, Keogh, 401K, SEP, or other retirement accounts \$
- a. What was your total contribution to your retirement account(s) in **2015** (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 K**.
- 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  
If Yes, please go to **Section K**.
- a. What is the fair market value of your farm? \$
- b. What is the amount still owed? \$

Parent/Guardian A: \_\_\_\_\_  
Print Name

SS#: \_\_\_\_\_

**K Business Owners or Self-Employed Individuals (2015 Estimates)**

If you have not filed your 2015 Tax Return, and are Self-Employed, own a business, rental property, and/or a farm please provide an estimate of your income - **DO NOT LEAVE BLANK**

	Schedule C	Schedule E	Schedule F
1. What is your total estimated <b>GROSS</b> business income?	\$ _____	\$ _____	\$ _____
2. What is your total <b>NET</b> business taxable income/loss? ( <b>DO NOT LEAVE BLANK</b> )	\$ _____	\$ _____	\$ _____
3. If your business pays your home rent or mortgage, what is the annual total?		\$ _____	
4. If your business pays for your personal automobile, what is the annual total?		\$ _____	
5. If your business pays any portion of other personal expenses, list total amount and explain in Section L.		\$ _____	
6. If you own rental property: What was the total amount of Rental Income received?		\$ _____	

**L Explanations (Use this space to explain any answers which may need clarification.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**M Certification, Authorization, and Documentation Requirements**

**WHAT IS REQUIRED TO PROCESS THIS APPLICATION**

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

- 1. This application form filled out in its entirety, **SIGNED AND DATED BELOW** by the Parent(s)/Guardian(s) listed in Sections A and B.
- 2. A copy of your school registration must accompany this application. Your student(s) must be registered at a Diocese of Scranton school in order to apply for financial aid.

**3. If you have filed a 2015 IRS Form 1040:**

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

**3. If you did not file a 2015 IRS Form 1040:**

If you have not filed a **2015** IRS form 1040, please submit your **2014** Form 1040, 1040A or 1040EZ (as filed with the IRS, including all Schedules) **2015** W-2 forms, 2015 1099, 1099R or 1098 forms for any wage earning adult residing with the applicants. If you are self-employed or own a business, rental property, and /or farm you will need to provide an estimate of this income for **2015**. If this application is submitted after April 15, 2016, you must provide a copy of the **2015** extension for Filing Request, as approved by the IRS and a copy of your last filed tax return.

**3. If you do not file an IRS Form 1040 AND receive only non-taxable income:**

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

- 4. I/we have enclosed a copy of my/our **PA-40 Pennsylvania State Tax Return** or a copy of a **Utility Bill (gas, water or electric)** showing my/our **Current Address**.

An electronic recap of this written application is available for a \$5 fee. You must have an email address listed in Section A in order to receive the electronic recap. Please check this box and include \$5 if you would like to receive an electronic recap of what you have entered on this application (recap does **NOT** include final results).

**Checkout** →  Electronic Recap Fee (optional) ..... \$5.00  
\*Please make checks payable to PSAS

**SIGN HERE**

I/We declare that the information on this form is true, correct, and complete to the best of my/our knowledge. I/We authorize PRIVATE SCHOOL AID SERVICE to return this form and all attachments only to the schools and programs named in Section C under contract with PSAS. I/We understand that the Diocese of Scranton Scholarship Foundation and Parent A and Parent B can change the schools and programs named in Section C based on changes in the desired or enrolled school for the children listed in Section C, and I/We authorize PRIVATE SCHOOL AID SERVICE to return this form and all attachments to those schools and programs provided by Parent A or Parent B, or by the Diocese of Scranton Scholarship Foundation on my behalf.

Parent/Guardian A \_\_\_\_\_ Date \_\_\_\_\_ Name of Parish \_\_\_\_\_  
(if none, write "n/a")

Parent/Guardian B \_\_\_\_\_ Date \_\_\_\_\_ City of Parish \_\_\_\_\_  
(if none, write "n/a")

This Student Aid Form (SAF), all attachments and an analysis of your SAF are sent only to the school(s) or agencies contracting with PSAS subject to your authorization above. **You will not receive results from PSAS.** No other agency will see or receive any information about this application or its attachments.

**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 © 2016 Private School Aid Service

Keep a copy of this completed application and all documentation for your records. For more comprehensive instructions visit [www.psas.org/instructions](http://www.psas.org/instructions).

# Additional Dependents

<b>3</b> Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:		Grade in Fall of 2016:	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School child would attend (DO NOT ABBREVIATE):		Office Use Only (Special Needs)	School Code*

<b>4</b> Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:		Grade in Fall of 2016:	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School child would attend (DO NOT ABBREVIATE):		Office Use Only (Special Needs)	School Code*

<b>5</b> Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:		Grade in Fall of 2016:	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School child would attend (DO NOT ABBREVIATE):		Office Use Only (Special Needs)	School Code*

<b>6</b> Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:		Grade in Fall of 2016:	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School child would attend (DO NOT ABBREVIATE):		Office Use Only (Special Needs)	School Code*

<b>7</b> Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:		Grade in Fall of 2016:	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School child would attend (DO NOT ABBREVIATE):		Office Use Only (Special Needs)	School Code*

<b>8</b> Dependent Last Name	Dependent First Name	M.I.	Date of Birth	Last 4 digits of Social Security Number:	Relation to Parent/Guardian A:
Name of school student plans to attend in Fall of 2016 (DO NOT ABBREVIATE):		School City/State:		Grade in Fall of 2016:	Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No
Amount I/We feel I/We can pay toward tuition (PER YEAR)? \$	Tuition charged yearly per student: \$	Name of Public School child would attend (DO NOT ABBREVIATE):		Office Use Only (Special Needs)	School Code*

Please check if additional dependents are listed on a separate sheet.

## 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 of tuition charged per year per student, and list the complete name of the public school your child would be assigned to attend if they went to public school.

If "No" is checked for a student listed in Section C, that student will not be considered for tuition assistance. For all additional dependents, see Additional Dependents section.

**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.

### 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 2015, PSAS will require copies of any tax returns filed jointly or independently by both parent(s)/guardian(s) for 2015. Be sure to estimate the income in Section F for 2016.**

**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 **2015**.

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

List all actual amounts for **2015** and estimated amounts for **2016**.

**ITEM 1:** Enter the total number of exemptions you claimed on your **2015** IRS Form 1040, 1040A, or 1040EZ.

**ITEM 2:** Enter the total **2015** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION A. Attach all copies of **2015** W-2 forms and/or **2015** 1099 forms from all employers.

**ITEM 3:** Enter the total **2015** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION B. Attach all copies of **2015** W-2 forms and/or **2015** 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 **2015**, you must also fill out Section K of this application. (See **2015 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 2015.** (See **2015 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 **2015 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 **2015 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 **2015 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 2015** 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 **2015** for all children in the household.

**ITEM 11: Cash Assistance (TANF):** Report total amount received for **2015**.

**ITEM 12: Food Stamps (SNAP):** Report total amount received for **2015**. Do not combine with TANF or Medicaid.

**ITEM 12a:** Did you receive Medicaid in **2015**?

**ITEM 13: Social Security benefits:** Report the total non-taxable (SSA/SSD, etc.) amount received in **2015** for all recipients in household.

**ITEM 13a: Social Security benefits:** Report the total non-taxable (SSI ONLY) amount received in **2015** for all recipients in household.

**ITEM 14: Student loans and/or grants:** Report the total amount received in **2015** for PARENT'S education. Do not list loans, grants or scholarships received for dependents in Section C. Identify how much of this income was used for household expenses in **2015**.

**ITEM 15: Housing assistance:** Report the total amount received for **2015**. 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 **2015**.

**ITEM 16: Other non-taxable income:** Report all additional non-taxable income received in **2015** 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 **2015** 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 **2015**.

**ITEM 18: Personal Savings/Investment Accounts:** Report the total amount used in **2015** for household expenses.

**ITEM 19: Total non-taxable income for 2015:** Add together Items 10-18.

## **H** 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 **2015**.

**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 **2015**.

## **I** 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 **2015** 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 **2015** 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 **2015** tax return, complete Section K of this application.

## **J** 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 2015 Business Income Estimates if you have not filed your 2015 Tax Return.**

**ITEM 1:** List estimated total GROSS business income for **2015**.

**ITEM 2:** List estimated total NET taxable business income/loss for **2015**.

**ITEM 3:** List the total amount paid by business in **2015** for home rent or mortgage.

**ITEM 4:** List the total amount paid by business in **2015** for personal automobile.

**ITEM 5:** List the total amount of personal expenses paid by business in **2015** that do not fall into one of the categories above.

**ITEM 6:** List total amount of estimated rental income received in **2015**.

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 2015 IRS Form 1040:**

You must submit photocopies of all pages of your **2015** Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules, **2015** W-2 Forms, **2015** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s).

### **If you did not file a 2015 IRS Form 1040:**

If you have not filed a **2015** IRS form 1040, please submit your **2014** Form 1040, 1040A or 1040EZ (as filed with the IRS, Including all Schedules) **2015** W-2 forms, **2015** 1099, 1099R or 1098 forms for any wage earning adult residing with the applicants. If you are self-employed or own a business, rental property, and /or farm you will need to provide an estimate of this income for **2015**. If this application is submitted after April 15, 2016, you must provide a copy of the **2015** extension for Filing Request, as approved by the IRS and a copy of your last filed tax return.

### **If you are an Independent Contractor or self-employed and have not filed your 2015 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), **2015** W-2 Forms, **2015** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). **If this application is submitted after April 15, 2016, you must provide a copy of the 2015 Extension for Filing Request, as approved by the IRS.**

### **If you receive non-taxable income:**

You must submit photocopies of your **2015** YEAR-END (01/01/15 - 12/31/15) 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 **2015** for ALL members of the household. If you list any total for line 16, you must identify source(s) in Section L.

### **Proof of Residency:**

You must submit photocopies of your most recent PA-40 Pennsylvania State Return. If you have not filed your PA-40, provide a copy of a recent Utility Bill (gas, water, or electric) showing your current address.

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

# DIocese of Scranton

## SCHOOL CODE LIST

<u>CITY</u>	<u>SCHOOL NAME</u>	<u>SCHOOL CODE</u>
Clarks Green	Our Lady of Peace Elementary School	10004
Cresco	Monsignor McHugh Elementary School	10005
Dunmore	Holy Cross High School	10061
Dunmore	St. Mary of Mt. Carmel Elementary School	10010
Duryea	Holy Rosary Elementary School	10012
E. Stroudsburg	Notre Dame Elementary School	10013
E. Stroudsburg	Notre Dame High School	10014
Exeter	Wyoming Area Catholic Elementary School	10015
Hazleton	Holy Family Academy Elementary	10056
Jessup/Dickson City	La Salle Academy - Main Campus/ LaSalle Academy - Primary Campus	10059
Kingston	Good Shepherd Academy	10060
Mountaintop	St. Jude Elementary School	10027
Sayre	Epiphany Elementary School	6512
Scranton	All Saints Academy Elementary	1474
Scranton	St. Clare/St. Paul Elementary School	10062
Towanda	St. Agnes Elementary School	10043
Tamaqua	Marian Catholic High School	10058
Wilkes Barre	Holy Redeemer High School	10063
Wilkes Barre	St. Nicholas - St. Mary Elementary School	10050
Williamsport	St. John Neumann Regional Academy Elem/High	10057

List School Code in Section C



**SPECIAL EDUCATION VERIFICATION  
SUPPLEMENTAL FORM**

*This form applies ONLY to families with Special Needs Students  
or with students attending Special Education Schools*

**After completing the form take it to the school Principal or Administrator for review and signature.  
Then include this form with your completed Student Aid Form.**

**Parent/Guardian (from PSAS Application Section A):**

\_\_\_\_\_

Last Name

First Name

List the student(s) who qualify as a **Special Needs Student(s)** (from Section C of the application):

Student Name	School Name	School Code
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**By signing below, I, the school Principal/Administrator, verify that the above student(s) is/are Special Needs student(s) as defined by the PA Department of Education.**

Signature of Principal/Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List the student(s) who will be attending a **Special Education School** (from Section C of the application):

Student Name	School Name	School Code
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**By signing below, I, the school Principal/Administrator, verify that the above student(s) is/are attending a school that has been qualified as a Special Education School.**

Signature of Principal/Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**This Form MUST be completed and submitted with the PSAS Student Aid Form if you are applying for a Special Needs Student or a student attending a Special Education School.**