



Financial Aid Application

For the School Year Beginning August 2010

Information needed to complete your application:

- Copy of your 2009 IRS Federal Form 1040 or 1040A U.S. Individual Income Tax Return, including all supporting tax schedules (Schedule C, E, F).
- Copies of your 2009 W-2 Wage and Tax Statements.
- Payment of your nonrefundable application/re-enrollment fee.

Texoma Christian School – 3500 West Houston – Sherman, Texas 75092
903-893-7076 – fax: 903-891-8486
www.texomachristian.org

IMPORTANT

The Financial Aid Application provides personal and financial information used to evaluate your need for financial aid. Incomplete or inaccurate information may affect your ability to receive financial aid. Complete all applicable fields and enter "0" for questions that do not apply.

INSTRUCTIONS

1. Payment of application/re-enrollment fee by check, money order, cash, or credit card is required, or your application will not be processed.
2. If parents are divorced, the parent responsible for payment of the tuition should complete and sign this form. If each of the divorced parents is responsible for a portion of the tuition, each parent should complete a separate form and indicate the portion of tuition for which he/she is responsible.
3. If parents are "married filing separately," report total household earnings on this form and enclose both filers' tax returns, including all supporting schedules and W-2 information.
4. For all financial-related information, round up to the next whole dollar.
5. Retain a copy of the application for your records.

REQUIRED DOCUMENTATION

You must attach your 2009 1040 or 1040A U.S. Individual Income Tax Return (2 pages), including all supporting tax schedules (Schedule C, E, F), W-2 Wage and Tax Statements, and all supporting documentation for household income. **Please do not send original tax documents.** Texoma Christian School will not return any supporting documentation.

Instructions for Completing the Financial Aid Application

Please be sure to complete all fields. Failure to complete a required field will result in an incomplete application that will not be processed.

Section 1: Applicant & Co-Applicant Information

Please answer all questions included in this section. If current marital status is married, co-applicant information is required.

Section 2: Student & School Information

It is imperative that you complete this information for ALL children attending Texoma Christian School. Please refer to the ***2010-2011 Tuition and Fee Schedule*** for the exact amount of your child's tuition. Please estimate the amount you and your spouse will be able to contribute toward each child's tuition.

Section 3: Applicant & Co-Applicant Income Information

Item # Instruction

- 2-3. Enter only your total taxable income for 2009.
5. List the amount of child support you received for all children.
6. List the amount of untaxed social security benefits for all household members. Include Supplemental Security Income (SSI) received.
7. If you anticipate receiving financial help from friends and/or relatives, list the amount you will receive.
9. List all other nontaxable income, including but not limited to: tax-exempt interest income, nontaxable IRA or Keogh payments, pastoral and military allowance, foster care allowance, veteran benefits, and nontaxable pension or annuity payments.
10. If you anticipate a decrease in income, indicate the amount you expect your income to be in 2010. In 10c, select the reason(s) why you expect a decrease.

Section 4: Applicant & Co-Applicant Expense Information

Item # Instruction

7. Total the minimum monthly payment from all of your credit card bills and enter that amount here.
9. Indicate here if you have other monthly loan payments, not including first mortgages, credit card, or vehicle payments. Examples would be payments to purchase a boat, recreational vehicles, furniture, appliances, or other consumer purchases such as home improvements. List the creditor and monthly payment amount.
10. List the amount you or your spouse pay in child support payments per month.
- 11b. If your health insurance is paid 100 percent through your employer, enter "0." If you pay any amount of your health insurance premiums, list the monthly amount you pay directly to the insurance company or have deducted from your payroll.
12. List the amount you pay annually for insurance for all of your vehicles.
13. List your annual out-of-pocket medical expenses. Examples include dental, eye care, or prescription expenses. Do not include expenses paid by insurance. Do not include health insurance premiums you pay through payroll deduction or directly to an insurance company.
14. Please estimate your total annual charitable donations.
15. Enter the number of family members (children/adults) attending college and provide the total out-of-pocket cost for the school year. Use the total cost for the upcoming year less any grant, aid, scholarship, student loan proceeds, or income from students' own resources. Student loan payments should be listed in question 8.
16. If you have children for whom you are paying child or day care expenses, please list your estimated annual expense. Do not include tuition expenses.

Section 5: Additional Information and Authorization

Payment of the application/re-enrollment fee must be received in order to process your application. Failure to submit payment with your application could result in you not receiving financial aid.

Please read the Additional Information along with the Authorization before signing the application. Applications received without a signature will not be processed.

Section 1: Applicant and Co-Applicant Information

I. APPLICANT INFORMATION: PARENT OR GUARDIAN

Name: First, Last, MI

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Address:

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City, State, Zip:

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Social Security Number: Date of Birth: Daytime Phone: Evening Phone:

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Employment Status:

- Full-Time
- Part-Time
- Homemaker
- Self-Employed
- Disabled
- Retired
- Student
- Unemployed

Relationship to Student(s):

- Father
- Mother
- Stepfather
- Stepmother
- Legal Guardian
- Grandfather
- Grandmother
- Other

Current Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

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Employer:

Title:

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II. CO-APPLICANT INFORMATION: PARENT OR GUARDIAN

Name: First, Last, MI

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Social Security Number: Date of Birth: Daytime Phone: Evening Phone:

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Employment Status:

- Full-Time
- Part-Time
- Homemaker
- Self-Employed
- Disabled
- Retired
- Student
- Unemployed

Relationship to Student(s):

- Father
- Mother
- Stepfather
- Stepmother
- Legal Guardian
- Grandfather
- Grandmother
- Other

Employer:

Title:

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Section 2: Student Information

If more than three entries, photocopy this page and insert

Child's Name (first, middle, last):

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Child's Social Security Number:

Child's Date of Birth

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Child's Gender: Male
 Female

Grade Level for 2010-2011: _____

Annual Tuition: \$ _____

How much do you estimate you can pay toward this child's **annual tuition**? \$ _____

Child's Name (first, middle, last):

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Child's Social Security Number:

Child's Date of Birth

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Child's Gender: Male
 Female

Grade Level for 2010-2011: _____

Annual Tuition: \$ _____

How much do you estimate you can pay toward this child's **annual tuition**? \$ _____

Child's Name (first, middle, last):

--

Child's Social Security Number:

Child's Date of Birth

--	--

Child's Gender: Male
 Female

Grade Level for 2010-2011: _____

Annual Tuition: \$ _____

How much do you estimate you can pay toward this child's **annual tuition**? \$ _____

Section 3: Applicant and Co-Applicant Income Information

1. Size of household: Number of adults _____ Number of children _____

Taxable Income:

2. What was your total income for 2009? \$ _____
3. What was the co-applicant's total income for 2009? \$ _____
4. Do you own any of the following?
- a. Business – Attach Schedule C or C-EZ Yes No
 - b. Farm – Attach Schedule F Yes No
 - c. Rental Property – Attach Schedule E Yes No
 - d. S Corporation – Attach Schedule E, Form 1120S and Schedule K-1 Yes No
 - e. Partnership – Attach Schedule E, Form 1065 and Schedule K-1 Yes No

Nontaxable Income:

Income is received:

5. Child support received Weekly Monthly Annually \$ _____
6. Social Security Benefits, such as SSI Weekly Monthly Annually \$ _____
7. Tuition support from friends/relatives Weekly Monthly Annually \$ _____
8. Workers' Compensation Weekly Monthly Annually \$ _____
9. Other nontaxable income Weekly Monthly Annually \$ _____

Change of Income:

10. Do you anticipate a decrease in your 2010 household income? Yes No
If yes, complete the following questions:

10a. What do you anticipate your income to be for 2010? \$ _____

10b. What do you anticipate your spouse's income to be for 2010? \$ _____

10c. Your income will be reduced in 2010 for the following reason(s):

Applicant:

- Unemployed or expect to be unemployed
- Will have reduced hours
- Plan to take a job at a lower wage rate
- Exiting the workforce to work in the home
- Filing for legal separation or divorce
- Plan to retire
- Medical reasons
- Death of a spouse
- Increase in family size
- Loss of alimony or spousal support
- Military reasons
- Other: _____

Co-Applicant:

- Unemployed or expect to be unemployed
- Will have reduced hours
- Plan to take a job at a lower wage rate
- Exiting the workforce to work in the home
- Filing for legal separation or divorce
- Plan to retire
- Medical reasons
- Death of a spouse
- Increase in family size
- Loss of alimony or spousal support
- Military reasons
- Other: _____

Section 4: Applicant and Co-Applicant Expense Information

Current MONTHLY Expenses

- | | | |
|-----|--|---------------|
| 1. | Do you rent or own your primary residence? | ○Rent ○Own |
| 2. | Monthly rent or mortgage payment. (Include principal, interest, taxes, and insurance.) | \$ _____ |
| 3. | Do you own a second home (not including rental property)? | ○Yes ○No |
| | 3a. If yes, what is the monthly mortgage payment on your second home (including principal, interest, taxes, and insurance)? | \$ _____ |
| 4. | Monthly home equity loan payments. | \$ _____ |
| 5. | Vehicle Information: Complete for each vehicle lease or owned, including any vehicle that does not have a monthly payment. Include Year, Make and Model. | |
| | Vehicle #1 _____ | \$ _____ |
| | Vehicle #2 _____ | \$ _____ |
| | Vehicle #3 _____ | \$ _____ |
| 6. | Total credit card debt. | \$ _____ |
| 7. | Total combined minimum credit card payment per month. | \$ _____ |
| 8. | Monthly student loan payments. | \$ _____ |
| 9. | Do you have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses) | \$ _____ |
| | If yes, please list below. Refer to instructions for examples. | |
| | Loan #1 _____ | \$ _____ |
| | Loan #2 _____ | \$ _____ |
| | Loan #3 _____ | \$ _____ |
| 10. | Monthly child support payments. | \$ _____ |
| 11. | Health Insurance Expenses: | |
| | 11a. Is your health insurance paid 100 percent through your employer? | ○Yes ○No |
| | 11b. If no, list the health insurance premium(s) paid per month, either by payroll deduction as indicated on the pay stub or paid directly to the insurance company. | \$ _____ |

Current ANNUAL Expenses

- | | | |
|-----|--|----------|
| 12. | Annual vehicle insurance expense. | \$ _____ |
| 13. | Total annual out-of-pocket medical expenses not paid by insurance. | \$ _____ |
| 14. | Charitable contributions. | \$ _____ |
| 15. | College Expenses: | |
| | 15a. Number of family members attending college beginning in the Fall of 2008 | _____ |
| | 15b. Total amount of your family's out-of-pocket cost for college . (Total tuition less student loan proceeds, scholarships, grants and financial aid, and student earnings.) | \$ _____ |
| 16. | Child/Day Care Expenses: | |
| | 16a. Number of children for who you pay child/day care expenses beg. Fall of 2008 | _____ |
| | 16b. Total amount of child/day care expenses expected this year. | \$ _____ |
| 17. | Elder Care Expenses: | |
| | 17a. Number of people for who you pay elder care expenses. | _____ |
| | 17b. Total amount of elder care expense expected this year. | \$ _____ |

Section 5: Additional Information and Authorization

Payment of the application/re-enrollment fee must be received in order to process your application. If you decline the financial aid offered by Texoma Christian School, the application/re-enrollment fee will be refunded minus \$100.00.

Payment:

I. Application/Re-enrollment Fee \$ _____

- Enclosed is a check or money order made payable to Texoma Christian School .
- I authorize TCS to charge my credit card for the total amount listed above.

MasterCard – Number & Exp. date _____

Visa – Number & Exp. Date _____

Please include the 3 or 4 digit CVS number on the back of your card.

II. Additional Information

Please use the space below to explain why you feel you need financial aid and any other considerations you would like the financial aid committee to be aware of.

III. Authorization

I acknowledge that the information provided on this form is true, correct, and complete to the best of my (our) knowledge, and that I am (we are) authorized to sign this form.

Applicant Signature

Co-Applicant Signature

Date _____