

Marist High School
Application for Financial Assistance & Work Study Grants
2014-2015 School Year

Financial assistance and work study grants are two of the ways Marist helps families with the cost of tuition. For the upcoming 2014-15 school year, as part of this application, families can apply for a work study position, as well as a financial assistance grant.

Marist has various opportunities through which students can apply volunteer work toward a work study grant. If students are willing to work, they may earn a monthly credit towards the family tuition obligation. Work study credit will be applied monthly, based on hours worked, once approved by the work study coordinator.

Financial Assistance forms for incoming freshmen and their siblings are due on or before **March 3, 2014**.

Forms for current Marist students are due on or before **April 15, 2014**.

This form must be completed and turned in with the Financial Assistance application.

Completion of this form is not a guarantee that a student will qualify for work study.

Student Name: _____

Grade Level during 2014-15: FR SO JR SR

Along with the completed Financial Assistance application, please indicate one of the following:

____ We are interested in participating in the Marist work study program

____ We are not interested in participating in the Marist work study program

Parent Signature: _____ Date: _____



FINANCIAL AID FORM

School Year _____

Freshman with Sibling - Due by 3-3-14

Sophomore/Junior/Senior - Due by 4-15-14

Student's Last Name

Parents Name _____

Student #1 Name _____

Year Level / ID # _____

Student #2 Name _____

Year Level / ID # _____

Student #3 Name _____

Year Level / ID # _____

Student Aid Form

Please Note: If you answer **Other** to any question, please provide an explanation in Section L.

Steps to apply:

1. Completely fill in all required information.
2. Attach a signed copy of your entire Federal Tax Return with all applicable worksheets and W2 forms from all employers.
3. Attach documentation supporting non-taxable income such as AFDC/SSI.
4. Return to Marist business office.
5. All information is confidential and will not be returned.
6. Incomplete forms or those with missing tax information will not be processed.
7. Families with more than one student attending Marist do not need to turn in separate forms for each child.

A PARENT OR GUARDIAN

Circle one: Father Mother Stepfather Stepmother Other*

Last Name _____ First Name _____ MI _____ Age _____

Social Security Number _____ (Area Code) Home Phone _____

Street Number and Name _____

City _____ State _____ Zip _____

Occupation/Title/Rank _____ (Area Code) Work Phone _____

Employed by/self-employed _____ How Long? _____

B PARENT OR GUARDIAN

Circle one: Father Mother Stepfather Stepmother Other*

Last Name _____ First Name _____ MI _____ Age _____

Social Security Number _____ (Area Code) Home Phone _____

Street Number and Name _____

City _____ State _____ Zip _____

Occupation/Title/Rank _____ (Area Code) Work Phone _____

Employed by/self-employed _____ How Long? _____

C FAMILY INFORMATION

1. Number of family members who will reside in my/our household during the upcoming school year, also include college student dependents:

Parents _____ Children _____

2. Current Marital Status of parent in Section A (Check one)

- a. Single d. Divorced g. Other*
- b. Married e. Divorced/Remarried
- c. Widowed f. Separated

D DIVORCED OR SEPARATED PARENTS - Both parents must complete Financial Aid Form

Non-Custodial Parent Information

1. Date of Divorce or Separation Month/Year _____

2. _____
Last Name First Name MI

3. _____
Street Number and Name

4. _____
City State Zip

5. _____
Employer (Area Code) Work Phone

6. According to court order, when will child support end?
Month/Year _____

7. Total amount of child support **received** in most recent year by parent listed in **Section A or B.** \$ _____ .00

8. Total amount of child support **paid** in most recent year by parent listed in **Section A or B.** \$ _____ .00

9. Is there any agreement specifying a contribution for student's education? Yes No
If **YES**, how much per year? \$ _____ .00

10. Who claimed student as a tax dependent in most recent year _____

11. Do special circumstances exist? Yes No
If **YES**, complete **Section L.**

E STUDENTS AT TUITION-CHARGING SCHOOLS

Please list all children who in the upcoming school year will be attending tuition-charging day care, preschool, elementary school, secondary school and the cost of tuition for each. Use an additional sheet if you are listing more than four students.

PLEASE LIST APPLICANTS FIRST. PLEASE CHECK IF ADDITIONAL STUDENTS ARE ATTACHED

Last Name	First Name	MI	Grade	School Name City/State	Tuition

F PARENTS' TAXABLE INCOME

THE FOLLOWING INCOME FIGURES ARE FROM:

- A completed IRS Form 1040, 1040A or 1040EZ (go to line 1).
 A U.S. income tax return will not be filed (go to line 10).

1. Total number of exemptions claimed in most recent year on Federal Income Tax form:

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	Past Year	Next Year
2. Father/Stepfather/Male Guardian (attach all W2 forms &/or 1099 forms).	\$ _____ .00	\$ _____ .00
3. Mother/Stepmother/Female Guardian (attach all W2 forms &/or 1099 forms).	\$ _____ .00	\$ _____ .00
4. Net business income from self-employment, including farm, rentals, and other businesses from form 1040. Attach Schedules C, E and F if applicable.	\$ _____ .00	\$ _____ .00
5. Other non-work taxable income from interest, dividends, alimony, unemployment, and non-business income.	\$ _____ .00	\$ _____ .00
6. Allowable "Adjustments to Income" from 1040, 1040A.	\$ _____ .00	\$ _____ .00
7. Total "Adjusted Gross Income" from 1040, 1040A or 1040EZ.	\$ _____ .00	\$ _____ .00
8. Total Tax from 1040, 1040A, 1040EZ.	\$ _____ .00	\$ _____ .00
9. Medical/dental expenses (not paid by insurance on Schedule A).	\$ _____ .00	\$ _____ .00

G NON-TAXABLE INCOME RECEIVED

	Past Year	Next Year
10. Child Support	\$ _____ .00	\$ _____ .00
11. Welfare (AFDC/ADC)	\$ _____ .00	\$ _____ .00
12. Food Stamps	\$ _____ .00	\$ _____ .00
13. Social Security/SSI	\$ _____ .00	\$ _____ .00
14. Other non-taxable income (see instructions)	\$ _____ .00	\$ _____ .00
15. Total non-taxable income	\$ _____ .00	\$ _____ .00

H NON-TAXABLE INCOME RECEIVED

16. Do you rent or own your residence? Rent Own
17. If renting, what is your monthly rental payment? \$ _____ .00
18. If you own or are in the process of buying your residence:
- a. What was the year of the purchase? _____
 - b. How much did it cost? \$ _____ .00
 - c. What is it worth today? \$ _____ .00
 - d. How much is still owed on first mortgage? \$ _____ .00
 - e. What is your monthly mortgage? \$ _____ .00
 - f. How much is owed on second mortgage, home equity loan or home equity line of credit? \$ _____ .00
 - g. What is your minimum payment on (f)? \$ _____ .00

I ASSETS

19. Total amount in cash, checking & savings accounts. \$ _____ .00
20. Total value of money market funds, mutual funds, stocks, bonds, CD's or other securities. (excluding qualified retirement funds (401K, IRA's, etc.)) \$ _____ .00
21. If you own investment real estate (attach Schedule E)
- a. What was the original cost? _____
 - b. What is the current market value? \$ _____ .00
 - c. What is the amount still owed? \$ _____ .00
22. Do you own a business? Yes No
- a. What is your share worth today? _____
 - b. What is the amount you still owe? \$ _____ .00

J LIABILITIES (optional)

23. Enter value of obligations under credit card debt. (optional) \$ _____ .00
24. Enter value of obligations related to medical care. If credit card obligations reflect payments of medical care, please explain and estimate value in Section L - Unusual Circumstances. (optional) \$ _____ .00
25. Enter value of all other obligations which demonstrate financial need. Please list. (optional) \$ _____ .00

K PARENTS CERTIFICATION AND AUTHORIZATION

We declare that the information on this form is true, correct and complete, to the best of our knowledge.

Parent or Guardian (Section A) _____ Date Completed _____

Parent or Guardian (Section B) _____ Date Completed _____

L EXPLAIN UNUSUAL CIRCUMSTANCES HERE (Use additional sheet if necessary)



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<http://www.marist.net>



COMPLETING THE FINANCIAL AID FORM

INSTRUCTIONS

A & B PARENT OR GUARDIAN

Answer all questions for both the male and female parent, stepparent or guardian. Do not leave any questions blank. If natural parents are divorced or separated, be sure to answer all questions in **Section D**. If natural parents are divorced and re-married, list information for custodial parent and new spouse.

C SIZE OF FAMILY

ITEM 1: Enter family size at home, including college student dependents. Do not include children who have moved out of the home. Include only family members dependent on and residing with parents listed in Sections A & B.

ITEM 2: Be sure to check the appropriate box indicating parents' marital status. If parents are divorced or separated, complete Section D.

D PARENTS' CURRENT MARITAL STATUS

If student applicant's parents are divorced or separated, complete items 1 through 11. Do not leave any item blank. Both parents are required to complete the financial aid form. Attach relevant sections of divorce decree when necessary. If both parents do not complete the form, an acceptable explanation must be provided in Section L.

E STUDENT INFORMATION

List all children who will be enrolled in any tuition charging school or agency next fall. Example: day care, preschool, elementary school, secondary school. Be sure to list the Marist student(s) for whom you are requesting assistance first. List the tuition amount for the upcoming school year for each named student to the best of your knowledge.

F PARENTS' TAXABLE INCOME

List all actual amounts for most recent year and estimated amounts for current year.

If you have filed your 1040 form:

You must submit photocopies of all pages of your 1040, 1040A, or 1040EZ forms including all schedules. You must also submit copies of all W2 forms from all employers. Make sure you are submitting your Federal tax forms, not your State tax forms.

ITEM 1: Enter the total number of exemptions you claimed (or will claim) on your 1040, 1040A, or 1040EZ.

ITEM 2: Enter the total taxable income earned in wages, salaries and tips by father, stepfather or male guardian. Attach all copies of W2 forms and/or 1099 forms from all employers.

ITEM 3: Enter the total taxable income earned in wages, salaries and tips by mother, stepmother or female guardian. Attach all copies of W2 forms and/or 1099 forms from all employers.

ITEM 4: Enter the total NET income from business (attach Schedule C or C-EZ), all rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E).

ITEM 5: Enter the total of all other taxable income from interest, dividend income (attach documentation; 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, total pensions and annuities, unemployment compensation, taxable social security benefits and any other taxable income. **Attach copies of form 1099-R for verification of distributions.**

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 all together to arrive at your total adjustments from 1040 or 1040A. Be sure NOT to include your standard deduction or deduction amounts for each family member.

ITEM 7: Enter total ADJUSTED GROSS INCOME as reported on 1040, 1040A and 1040EZ

form. Be sure to attach 1040 form for documentation.

ITEM 8: Enter the Total Tax paid (not withheld) as reported on the 1040 form, 1040A and 1040EZ.

ITEM 9: Enter the total of any medical and dental expenses reported on Schedule A - line I of the 1040 form. Be sure to include any cost of medical insurance paid by you.

G NON-TAXABLE INCOME

ITEM 10: Child support received for all children – Report total annual amount received for all children.

ITEM 11: Aid to families with dependent children, (ADC, AFDC) – Report total amount received. Don't report social security benefits here.

ITEM 12: Food Stamps – Report total amount received. Don't combine with AFDC or ADC.

ITEM 13: Social Security Benefits – Write in the amount of untaxed Social Security Benefits including SSI received. Don't include any benefits reported on Line 7. Report annual amount for both years. Be sure you include all amounts received for yourself, spouse and children.

ITEM 14: Additional non-taxable income – List all additional non-taxable income received in most recent year including: Deductible IRA or Keogh payments; untaxed portions of pensions; tax exempt interest income; foreign income exclusion; Workers' Compensation; veterans non-education benefits (Death Pension, Dependency and Indemnity Compensation, etc.); housing, food, and other living allowances paid to members of the military, clergy, or others; cash support or any money paid on your behalf, including support from a non-custodial parent or any other person (other than court ordered child support); or any other untaxed benefit or income not subject to taxation by any government (Refugee Assistance, VA Educational Work-Study, etc.).

ITEM 15: Total non-taxable income for prior year – Total lines 10-14.

H HOUSING INFORMATION

ITEM 17: If you rent your home or apartment, list your monthly rental or lease payment here.

ITEM 18a: If you own or are buying your home, enter the year of purchase or planned purchase.

ITEM 18b: List the price you paid for your home.

ITEM 18c: Determine the present value of the

family home and enter it here. Local real estate agents should be able to help you if you are unsure.

ITEM 18d: Check with your lending institution and enter the amount still owed on your first mortgage (main mortgage).

ITEM 18e: List your monthly mortgage payment.

ITEM 18f: Check with your lending institution and enter the amount owed on any secondary mortgage including home equity loans and lines of credit.

ITEM 18g: List your minimum monthly payment on your second mortgage (Item 18f).

I ASSETS

ITEM 19: List total of current balances in cash, savings and checking accounts. Don't include IRAs or Keogh's.

ITEM 20: Enter total current market value of money market funds, mutual funds, stocks, bonds, CD's, or other securities.

ITEM 21: Questions A through C refer to any and all investment real estate, not including the family's primary residence. Second homes, rental properties, and land contracts should be included. Schedule E of form 1040 must be included where applicable.

ITEM 22: Enter values for your ownership and obligations.

J LIABILITIES

ITEM 23: List total of current balances for all credit card obligations.

ITEM 24: List total of outstanding balances related to medical care. For any balances included in item 23 above, please explain and estimate amount in Section L, unusual circumstances.

ITEM 25: List total of outstanding obligations not reflected in Items 18, 23 and 24.

K PARENTS CERTIFICATION & AUTHORIZATION

You must sign the form in this section.

By signing the form, you also certify that the information submitted is correct.

L UNUSUAL CIRCUMSTANCES

Use the space provided on the back of the application to describe any unusual circumstances you feel the review board should be aware of in considering your application. Use additional sheets if necessary.