

INCOME

2009 ADJUSTED GROSS INCOME for all parents listed above \$ _____

(Take this information from your IRS form **1040 line 37** OR IRS Form **1040EZ line 4**
OR IRS Form **1040 A Line 21**.)

2009 NON-TAXABLE INCOME for all parents listed above

Welfare benefits, including Temporary Assistance for Needy Families (TANF)	\$ _____
Social Security benefits not taxed on 1040 (include SS statement)	\$ _____
Child Support received for all children	\$ _____
Tax exempt interest income	\$ _____
Foreign income exclusion (include IRS Form 2555)	\$ _____
Untaxed portions of IRA distributions and Pensions (include copy of 1099 R)	\$ _____
Housing, food or other living allowances paid to members of the military, clergy and others (cash and cash value of benefits)	\$ _____
Veterans' benefits	\$ _____
Money received or paid on your behalf not reported elsewhere	\$ _____
Gifts	\$ _____
Other	\$ _____

2010 MONTHLY TAKE HOME PAY \$ _____

(After taxes, but before other deductions, such as insurance, retirement plans, etc.)

ANTICIPATED TAXABLE AND NON-TAXABLE INCOME 2010: \$ _____

Please explain any changes in anticipated income: _____

OTHER EXPENSES

Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings)	\$ _____
IRA deductions and payments to self employed SEP, SIMPLE, and Other qualified plans IRS form 1040-line 28 + line 32 or 1040A-line 17	\$ _____
Education credits (Hope and Lifetime Learning tax credits) IRS Form Line 50 or 1040A-line 31	\$ _____
Child Support Paid	\$ _____

MONTHLY EXPENSES / BUDGET

Mortgage/Rent Amount: \$ _____ (include property tax & insurance)	College Tuition Payments \$ _____
Car Payments \$ _____	Utilities & Insurance \$ _____
Credit Card/Other Debt \$ _____	Child Care & Medical \$ _____
Child Support/Alimony \$ _____	Groceries/Clothes \$ _____
Retirement Savings \$ _____	Giving / tithe \$ _____
TOTAL MONTHLY EXPENSES	\$ _____

(This amount should not exceed monthly take home pay.)

ASSETS & LIABILITIES

	VALUE	RELATED DEBT
IRA's and other retirement accts:	\$ _____	\$ _____
Home Value	\$ _____	\$ _____
Other Real Estate owned	\$ _____	\$ _____
Vehicles & Boats (not leased)	\$ _____	\$ _____
Cash accounts & non-cash investments.	\$ _____	\$ _____

(If cash & non-cash amount exceeds \$5,000.00 please help us understand the purpose for holding these investments. _____ Invested / Saved for the future
 _____ Contingency Fund
 _____ Designated for future purchase (home, college, etc)
 _____ Other: _____)

SUPPLEMENTAL INFORMATION

How much do you believe you are able to pay per month for SCA tuition? \$ _____
 How much are family and friends able to contribute toward monthly tuition? \$ _____
 Is there any other information that you would like us to consider? (Please attach separate sheet)

TERMS AND CONDITIONS

- Slavic Christian Academy does not discriminate on the basis of race, sex, or national origin.
 - Scholarships are allocated based on an analysis of household income and expenses
 - Scholarship awards are dependent upon sufficient donations to the SCA Scholarship fund.
 - Families receiving Scholarships are expected to be involved in fund raising for the school and Scholarship Fund.
 - Scholarships may be adjusted at the discretion of the school at any time.
 - Students receiving Scholarships must be in good standing (Student will not be on academic or disciplinary probations). Any student on probation at the end of the semester will not receive a Scholarship for the next Semester.
 - Families will complete Service Hours requirement. Family will support documentation at the end of the first semester documenting completion of at least half of the annual requirement.
- We will notify the SCA Business Office in the event that our financial situation changes by more than 15% from the 2010 anticipated Income I have reported on this application.
- A member of the SCA Scholarship Committee may contact us if the committee has questions.

We affirm that all our information on this application is true, and complete, and we agree to the terms and conditions of the Slavic Christian Academy Tuition Aid Policy.

Date: _____

Signature _____ Signature of Spouse _____

OFFICE USE ONLY

Date Received by Business Office: _____/_____/_____ By: _____

TOTAL ANNUAL TUITION _____

Total Financial Aid Assistance _____

**Conditions: The family must complete _____ hours of volunteer work in 2010-11 school year.
 Students must comply with the code of conduct and maintain 2.0 GPA or higher.**

Parents agreed: _____ Disagreed: _____ Date: _____