



Student Aid Form

2016
2017

PARENT NAME

Bethlehem High School
Bardstown, KY
School Code: 9056 (SCHL)
PSAS: 0408 P-R-N-B (9-12)

OFFICE USE ONLY



This is a common form for Financial Assistance for High Schools in the Archdiocese of Louisville.

This form must be submitted no later than **MARCH 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 yet filed, or 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. Check or Money Order payable to PRIVATE SCHOOL AID SERVICE for the non-refundable application fee of \$25.00. Payment by check or electronic funds transfer (ACH) is your express authorization that if the payment is returned unpaid for any reason you consent to have your bank account electronically debited twice by PSAS or its third party payment processor or collections agency. One debit will recover the item amount and the second debit will be the charge for applicable returned check and collection fees as allowed by law.
5. This application form filled out in its entirety, signed and dated by the individuals listed in Sections A and B.
6. Mail to Private School Aid Service.

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.

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

STUDENT NAME

STUDENT AID FORM // 2016-2017

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) _____ Occupation/Title _____

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.

Are you an employee of the Archdiocese of Louisville or an Archdiocesan school or Parish? Yes No

Are you an employee of the school your child(ren) attend(s)? Yes No

Are you Catholic? Yes No

Name of Parish/Church Attending: _____

Parish Code: _____ (Refer to Parish Code List)

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) _____ Occupation/Title _____

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.

Are you an employee of the Archdiocese of Louisville or an Archdiocesan school or Parish? Yes No

Are you an employee of the school your child(ren) attend(s)? Yes No

Are you Catholic? Yes No

Name of Parish/Church Attending: _____

Parish Code: _____ (Refer to Parish Code List)

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 _____	Student's Social Security Number _____	Relation to Parent/Guardian A _____	
	What school did this student attend during the 2015-2016 school year?		Type of School attended in 2015-2016: <input type="radio"/> Public <input type="radio"/> Private Catholic <input type="radio"/> Other Private <input type="radio"/> Home School <input type="radio"/> Not Applicable		Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No	Grade in Fall of 2016 _____	Does your child plan to attend the same school this year as he/she attended last year? <input type="radio"/> Yes <input type="radio"/> No
	Name of school student plans on attending in 2016-2017: _____	City/State _____	Amount I/we can pay toward tuition (PER YEAR) \$ _____	Tuition charged per student \$ _____	Is this child a former School Choice Award recipient? <input type="radio"/> Yes <input type="radio"/> No	Has this child applied for tuition assistance in the past? <input type="radio"/> Yes <input type="radio"/> No	School Code* _____

2	Dependent Last Name _____	Dependent First Name _____	M.I. _____	Date of Birth _____	Student's Social Security Number _____	Relation to Parent/Guardian A _____	
	What school did this student attend during the 2015-2016 school year?		Type of School attended in 2015-2016: <input type="radio"/> Public <input type="radio"/> Private Catholic <input type="radio"/> Other Private <input type="radio"/> Home School <input type="radio"/> Not Applicable		Applying for Aid? <input type="radio"/> Yes <input type="radio"/> No	Grade in Fall of 2016 _____	Does your child plan to attend the same school this year as he/she attended last year? <input type="radio"/> Yes <input type="radio"/> No
	Name of school student plans on attending in 2016-2017: _____	City/State _____	Amount I/we can pay toward tuition (PER YEAR) \$ _____	Tuition charged per student \$ _____	Is this child a former School Choice Award recipient? <input type="radio"/> Yes <input type="radio"/> No	Has this child applied for tuition assistance in the past? <input type="radio"/> Yes <input type="radio"/> No	School Code* _____

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

*Refer to School Code List

Are any of your family members past School Choice Scholarships recipients? Yes No If "Yes", list name(s): _____

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.	[]	[]
2. Parent/Guardian A total taxable income from W-2 wages (Box 1). <i>Total income for Parent A only</i>	\$ _____	\$ _____
3. Parent/Guardian B total taxable income from W-2 wages (Box 1). <i>Total income for Parent B only</i>	\$ _____	\$ _____
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	\$ _____	\$ _____
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	\$ _____	\$ _____
6. Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A, or 1040EZ. See 2015 1040 line 36 or 1040A line 20	\$ _____	\$ _____
7. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A, or 1040EZ. See 2015 1040 line 37 or 1040A line 21	\$ _____	\$ _____
8. Total Tax Paid as reported on your IRS 1040, 1040A, or 1040EZ. See 2015 1040 line 63 or 1040A line 39	\$ _____	\$ _____
9a. Medical/Dental expenses as reported on Schedule A, line 1 of your IRS 1040 form.	\$ _____	\$ _____
9b. Charitable Contributions as reported on Schedule A, line 19 of your IRS 1040 form.	\$ _____	\$ _____

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**? \$ _____

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) Total received in 2015 (Provide documentation for all recipients in household.) \$ _____*

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)

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? \$ _____

29. What is the current amount of your credit card debt? \$ _____

30. What is your outstanding auto loan balance? \$ _____

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

K _____ H _____ \$ _____

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 GROSS business income?	\$ _____	\$ _____	\$ _____
2. What is your total NET business taxable income/loss? (DO NOT LEAVE BLANK)	\$ _____	\$ _____	\$ _____
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.)

- This application form filled out in its entirety, **SIGNED AND DATED BELOW** by the Parent(s)/Guardian(s) listed in Sections A and B.
- A check or money order made payable to **PRIVATE SCHOOL AID SERVICE** in the amount of **\$25.00**. *This is a non-refundable application fee.*

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).

If you have not yet filed a 2015 IRS Form 1040:

A complete photocopy of your most recent 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 and a copy of your last filed tax return.**

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.

An electronic recap of this written application is available for an additional \$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 an additional \$5 with your processing fee if you would like to receive an electronic recap of what you have entered on this application (recap does **NOT** include final results).

Checkout →

<input type="checkbox"/> Non-Refundable Application Processing Fee	\$25.00
<input type="checkbox"/> Electronic Recap Fee (optional)	\$5.00
*Please make checks payable to PSAS	
Total	<input type="text"/>

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 Archdiocese of Louisville 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 Archdiocese of Louisville on my behalf.

Parent/Guardian A _____ Date _____ Parent/Guardian B _____ Date _____

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.

**Your completed application and check for \$25.00 should be mailed directly to:
PRIVATE SCHOOL AID SERVICE, P.O. BOX 89434, CLEVELAND, OH 44101-6434
Questions? Call: (440) 892-4272 ■ Copyright © 2015 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.

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 you feel you can pay toward tuition per year, and the amount of tuition charged per student per year.

If "No" is checked for a student listed in Section C, that student will not be considered for tuition assistance. For all additional dependents, use a separate sheet.

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.

ITEM 29: List the total amount of credit card debt.

ITEM 30: List your outstanding loan balance.

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)). *Do not include your State tax return unless requested.*

If you have not filed your 2015 IRS Form 1040:

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

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

SCHOOL CODE LIST

Elementary Schools

Code	School Name	City
9003	Ascension*	Louisville
9074	Corpus Christi Academy	Louisville
9415	Holy Angels Academy*	Louisville
9005	Holy Spirit*	Louisville
9006	Holy Trinity*	Louisville
9441	Immaculata Classical Academy*	Louisville
9068	John Paul II Academy*	Louisville
9072	Nativity Academy*	Louisville
9026	Notre Dame Academy*	Louisville
9010	Our Lady of Lourdes*	Louisville
9071	Pitt Academy*	Louisville
9070	Sacred Heart Model School* (K-8)	Louisville
9073	Sacred Heart Preschool* (NU-PK)	Louisville
9013	St. Agnes*	Louisville
9014	St. Albert the Great*	Louisville
9067	St. Andrew Academy*	Louisville
9015	St. Athanasius*	Louisville
9018	St. Bernard*	Louisville
9021	St. Edward*	Louisville
9022	St. Francis of Assisi*	Louisville
9023	St. Gabriel the Archangel*	Louisville
9025	St. James*	Louisville
9027	St. Leonard*	Louisville
9028	St. Margaret Mary*	Louisville
9029	St. Martha*	Louisville
9069	St. Mary Academy*	Louisville
9030	St. Michael*	Louisville
9066	St. Nicholas Academy*	Louisville
9031	St. Patrick*	Louisville
9032	St. Paul*	Louisville
9035	St. Raphael the Archangel*	Louisville

Elementary Schools

Code	School Name	City
9036	St. Rita*	Louisville
9038	St. Stephen Martyr*	Louisville
9042	St. Joseph	Bardstown
9044	St. Gregory	Cox's Creek
9045	St. James	Elizabethtown
9046	St. Ann	Howardstown
9048	St. Augustine	Lebanon
9049	St. Catherine	New Haven
9050	St. Aloysius*	Pewee Valley
9053	St. Dominic	Springfield

High Schools

Code	School Name	City
9055	Assumption High School	Louisville
9056	Bethlehem High School	Bardstown
9057	DeSales High School	Louisville
9058	Holy Cross High School	Louisville
9059	Mercy Academy	Louisville
9060	Presentation Academy	Louisville
9061	Sacred Heart Academy	Louisville
9063	St. Xavier High School	Louisville
9062	Trinity High School	Louisville

LIST SCHOOL CODE IN SECTION C

***Schools in BOLD are eligible for School Choice Scholarships consideration**

Keep a copy of this completed application and all documentation for your records. For more comprehensive instructions visit www.psas.org/instructions.

Catholic Education Foundation, Inc.

PARISH CODE LIST

Code	Parish Name	City
20000	Emmanuel	Albany
20001	Basilica of Saint Joseph Proto-Cathedral	Bardstown
20002	Saint Monica	Bardstown
20003	Saint Thomas	Bardstown
20004	Saint John the Apostle	Brandenburg
20005	Holy Cross	Burkesville
20006	Our Lady of Fatima	Campbellsville
20007	Our Lady of Perpetual Help	Campbellsville
20008	Our Lady of the Hills	Campbellsville
20009	Good Shepherd	Columbia
20010	Saint Gregory	Coxs Creek
20011	Christ the Healer	Edmonton
20012	Christ the King	Edmonton
20013	Saint Ambrose	Elizabethtown
20014	Saint Ignatius	Elizabethtown
20015	Saint James	Elizabethtown
20016	Saint John the Baptist	Elizabethtown
20017	Blessed Teresa of Calcutta	Fairdale
20018	Saint Michael	Fairfield
20019	Our Lady of the Caves	Glasgow
20020	Saint Helen	Glasgow
20021	Our Lady of Mercy	Hodgenville
20022	Saint Ann	Howardstown
20023	Holy Redeemer	Jamestown
20024	Holy Spirit	Jamestown
20025	Immaculate Conception	LaGrange
20026	Holy Name of Mary	Lebanon
20027	Saint Augustine	Lebanon
20028	Saint Charles	Lebanon
20029	Sacred Heart	Liberty
20030	Saint Bernard	Liberty
20031	Holy Cross	Loretto
20032	Saint Francis of Assisi	Loretto
20033	Cathedral of the Assumption	Louisville
20034	Christ the King	Louisville
20035	Church of the Ascension	Louisville
20036	Church of the Epiphany	Louisville
20037	Good Shepherd	Louisville
20038	Guardian Angels	Louisville
20039	Holy Family	Louisville
20040	Holy Name	Louisville
20041	Holy Spirit	Louisville
20042	Holy Trinity	Louisville
20043	Immaculate Heart of Mary	Louisville
20044	Incarnation	Louisville
20045	Mary Queen of Peace	Louisville
20046	Most Blessed Sacrament	Louisville
20047	Our Lady of Lourdes	Louisville
20048	Our Lady of Mount Carmel	Louisville
20049	Our Mother of Sorrows	Louisville
20050	Saint Agnes	Louisville
20051	Saint Albert the Great	Louisville
20052	Saint Athanasius	Louisville
20053	Saint Augustine	Louisville
20055	Saint Bartholomew	Louisville

Code	Parish Name	City
20056	Saint Bernard	Louisville
20057	Saint Boniface	Louisville
20058	Saint Brigid	Louisville
20059	Saint Edward	Louisville
20060	Saint Elizabeth Ann Seton	Louisville
20061	Saint Elizabeth of Hungary	Louisville
20062	Saint Frances of Rome	Louisville
20063	Saint Francis of Assisi	Louisville
20064	Saint Gabriel	Louisville
20065	Saint Ignatius Martyr	Louisville
20066	Saint James	Louisville
20111	Saint John Paul II	Louisville
20067	Saint John Vianney	Louisville
20068	Saint Joseph	Louisville
20069	Saint Lawrence	Louisville
20070	Saint Leonard	Louisville
20071	Saint Louis Bertrand	Louisville
20072	Saint Luke	Louisville
20073	Saint Margaret Mary	Louisville
20074	Saint Martha	Louisville
20075	Saint Martin	Louisville
20076	Saint Martin de Porres	Louisville
20077	Saint Michael	Louisville
20078	Saint Patrick	Louisville
20079	Saint Paul	Louisville
20080	Saint Peter the Apostle	Louisville
20082	Saint Raphael	Louisville
20083	Saint Rita	Louisville
20084	Saint Stephen Martyr	Louisville
20085	Saint Therese	Louisville
20086	Saint Thomas More	Louisville
20087	Saint William	Louisville
20088	Saints Simon and Jude	Louisville
20089	Saint Francis Xavier	Mount Washington
20090	Immaculate Conception	New Haven
20091	Saint Catherine	New Haven
20092	Saint Vincent de Paul	New Hope
20093	Saint Mary Magdalen of Pazzi	Payneville
20094	Saint Theresa	Payneville
20095	Saint Aloysius	Pewee Valley
20096	Saint Bernadette	Prospect
20097	Saint Christopher	Radcliff
20098	Saint Francis Xavier	Raywick
20099	Annunciation	Shelbyville
20100	Saint John Chrysostom	Shelbyville
20101	Saint Aloysius	Shepherdsville
20102	Saint Benedict	Shepherdsville
20103	Holy Rosary (Fredericktown Rd.)	Springfield
20104	Holy Rosary (Rosary Heights Rd.)	Springfield
20105	Holy Trinity	Springfield
20106	Saint Dominic	Springfield
20107	Saint Rose	Springfield
20108	All Saints	Taylorville
20109	Saint Brigid	Vine Grove
20110	Saint Martin of Tours	Vine Grove