

# 2015-2016 Tuition Assistance Application



Confidential Financial Analysis  
Processed by Confidential Financial Services,  
Colorado Springs, Colorado 80934

Why Struggle?  
Easy-App Online  
www.cfslogin.com

Need help? e-mail us at:  
help@cfslogin.com

Complete all spaces, and send copies of your current Federal and State Income Tax returns, and copies of your 4 most recent pay stubs to CFS. All processed reports are reviewed by the school's Tuition Assistance Committee. This school does not discriminate on the basis of gender, race, color, national or ethnic origin. APPLICATION DOES NOT GUARANTEE AWARD. © Copyright DTS 1992-2014

## Step 1 General Information

Information is accurate as of:  /  /

Your Username:   
Password:

This is for secured identification. No Social Security numbers please. Record your username and password in the boxes below (10 character limit)

### I. School Information

School or Scholarship Foundation:  School's Registration Number

(Missing number will delay processing)

### II. Family Information

First Name:  M.I.  Last Name:

Street or Post Office Mailing Address

City  State  Zip Code

Daytime Phone  -  -  Evening Phone  -  -

Occupation  Spouse's Occupation (if applicable)

E-mail address:

#### As of today, are you married?

- No
- Single
  - Widowed
  - Divorced
- Yes.
- Yes, but separated from my spouse.

If you are not married to or are legally separated from the child's other parent, are they required by the court to pay a portion of the tuition?

If so ... enter that amount, or percent: \$  OR  %

#### Current Employment Status for head of household:

select first option that applies

- Business owner
- Self-employed
- Employed full-time
- Employed part-time
- Retired
- Not employed

#### Relationship to the student:

- Father
- Mother
- Stepparent
- Grandparent
- Legal Guardian
- Other

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APPLICANT'S LAST NAME: \_\_\_\_\_

## II. Student Information

Child One - THIS SCHOOL ONLY	MI	Last name, if DIFFERENT from parent's	Entering Grade Level:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Two - THIS SCHOOL ONLY	MI	Last name, if DIFFERENT from parent's	Entering Grade Level:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Three - THIS SCHOOL ONLY	MI	Last name, if DIFFERENT from parent's	Entering Grade Level:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Four - THIS SCHOOL ONLY	MI	Last name, if DIFFERENT from parent's	Entering Grade Level:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Five - THIS SCHOOL ONLY	MI	Last name, if DIFFERENT from parent's	Entering Grade Level:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Six - THIS SCHOOL ONLY	MI	Last name, if DIFFERENT from parent's	Entering Grade Level:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Seven - THIS SCHOOL ONLY	MI	Last name, if DIFFERENT from parent's	Entering Grade Level:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## III. Upcoming Students

Please help us get ready for more students from your family.

Name	MI	Last name, if DIFFERENT from parent's	Age:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	MI	Last name, if DIFFERENT from parent's	Age:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## IV. More Family Information

**Local church that you attend or to which you belong:**

Number of children enrolled in this school last year:	<input type="text"/>	Number of children who will be enrolled in a different private school this school year: (do not include home school, preschool, public school, college, or this school)	<input type="text"/>
Number of children enrolled receiving tuition assistance at this school last year:	<input type="text"/>	Name of the other private school:	<input type="text"/>
Number currently living in your home, and fed out of your budget every month.	<input type="text"/>		<input type="text"/>

# Step 2 Income

## Last Year's Income:

This information is from what tax year? **20**

**Adjusted GROSS Income** (Federal Tax form 1040, 1040 A, 1040 EZ): \$  ,    1

**TAXABLE Income** (Federal Tax form 1040, 1040 A, 1040 EZ): \$  ,    2

**STATE and FEDERAL refunded or paid** NET TAX REFUND - State & Federal (combined) \$  ,    3

**OR TAXES PAID** - State & Federal (combined) \$  ,    4

States with scholarship tax credit programs \$  ,    5

Total amount received in 2014-15 from a Student Tuition Organization other than your school.

## Monthly Income, now: Transfer amounts from worksheets

**Work for an employer?**  
**WAGE INCOME**  
**Calculated Take-home pay**  
From line F on the worksheets  
You must use the worksheets  
**Monthly income, determined by worksheet(s):**

Father: \$  ,    .   6

Mother: \$  ,    .   7

TANF (AFDC) or ADC or AAC  ,    .   8

Food stamps  ,    .   9

Social Security benefits  ,    .   10

Child support / alimony received  ,    .   11

### Monthly Investment Income:

Monthly Income from investment \$  ,    .   12

Amount / value of investment that produces this income. \$  ,    .   13

### Other Income

Do not show any income twice.

Work for yourself? Self-employment income reported under "Other" income.

All other income/benefits (non-taxable) - Monthly:

\$  ,    .   14

All other income/benefits (taxable) - Monthly:

\$  ,    .   15

### Help from Others

Employer-paid education benefits \$  ,    .   16  
Applicable to this school

Monthly tuition help from others \$  ,    .   17  
There may be others willing to help with this school's tuition payments. Enter how much help you will receive monthly in box 17.

## Self-employed or business owner:

**Corporations / partnerships:** Is either parent owner / part-owner in a corporation or an LLC? yes  no

If "yes," please submit a copy of your corporate / business federal tax return to CFS.

**Method for calculating income:** Please indicate which method you used for calculating your monthly business income (indicate method 1-4)

# Step 3 Expenses

## Monthly Expenses, now: Transfer amounts from worksheet

Monthly mortgage or rent primary residence only  ,    .   18

Monthly auto payments  ,    .   19

Mo. child support/alimony pd leave blank if deducted from paycheck  ,    .   20

Monthly utilities  ,    .   21

Monthly insurance exclude portion deducted from paycheck  ,    .   22

Monthly giving / tithe  ,    .   24

Monthly college tuition  ,    .   25  
not this school's tuition; not college loans or college tuition savings plans.

Monthly child-care paid  ,    .   26  
Work-related child care only

Monthly medical paid  ,    .   27  
Do not include expenses paid out of payroll-deducted medical expense account

Short-Term Debt Payments (transfer amounts from worksheet)

Ending balance, all cards & debts  ,    .   28

Total minimum payments due  ,    .   29

Monthly bankruptcy payment  ,    .   23  
do not include amount deducted from paycheck



Help us keep your pages together.  
APPLICANT'S LAST NAME: \_\_\_\_\_

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**Select the one response that best pertains to you right now**

- I do not plan to make changes in my finances in the next 6 months
- I plan to make changes in my finances in the next 6 months
- I plan to take action toward my financial situation in the next 30 days
- I made changes to my finances less than 6 months ago
- I made changes to my finances more than 6 months ago

**Request for exception:** Check here to indicate that you have unusual or extenuating circumstances and you plan to present a written explanation to the school, requesting an exception.

**Request for exception text.** Enter here, or attach letter of explanation:

## Step 6 Payment

(Not including payment will delay processing of your application.)

**Signature of  
parent / applicant --**

confirms that all information on this form is true, accurate, and complete to the best of your knowledge:

Tax info to send:  
Pages 1-2 of your most recent  
federal 1040, plus business tax  
forms, if necessary.

**Credit Card Payment**  
(VISA, MC, AMEX)

Your credit card will be charged  
\$30. Charge will be from  
Development Testing Services, LLC

Name as it appears on card:

Card's billing address:

Card #

Expiration date:

Card holder's Signature:

CVC/CVV code: \_\_\_\_\_

~ **Mailing?** Copy form. Mail original, tax information, worksheets and \$30 payment to CFS (check / MO, or credit card information).

~ **Faxing?** Fax application, tax information, worksheets, credit card info to 719-687-0705. Keep the original. Your credit card will be charged \$30.

~ **Online?** Complete at [www.cfslogin.com](http://www.cfslogin.com). Online payment of \$30). Keep the original.