



**CHRIST** *the* **KING**  
CATHOLIC SCHOOL

TUITION AID ENDOWMENT FUND  
"Sr. Rosella Fund"  
APPLICATION - 2025/2026  
APPLICATION DEADLINE IS  
APRIL 1, 2025

**Grant & Aid Application**

For the School Year beginning Fall 2025

**Information needed to complete your application:**

- Copies of your 2024 IRS Federal Form 1040, 1040A or 1040EZ U.S. Individual Income Tax Return, including supporting tax Schedules C, E, F.
- Copies of all 2024 W-2 Wage and Tax Statements for both the applicant and co-applicant. NOTE: If you are applying before you have received all the 2024 W-2 Wage and Tax Statements, please submit them as soon as they become available.
- Copies of all supporting documentation for household NonTaxable income such as: Social Security Income, Welfare, Child Support, Food Stamps, Worker's Compensation, and Temporary Assistance for Needy Families (TANF).

## Instructions for completing the application.

Please be sure to complete all required 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 your current marital status is married, co-applicant information is required. If the parents are divorced, the parent responsible for payment of the tuition should complete and sign the form. We ask for your social security number to verify the tax return information you are submitting to us. Social security numbers are retained in Christ the King's secure database and may be shared with your school for identification purposes. Personal information provided to CKS is not used for any purpose other than to evaluate need for financial aid.

### Section 2: Student & School Information

It is imperative that you complete this section for children in the household attending a tuition charging K-12 institution. Do not submit multiple applications. If you do not know the exact amount of your child's tuition, enter the estimated amount or the amount from the previous school year. Please estimate the amount you and your spouse will be able to contribute toward each child's tuition. Indicate the school name, city, state, and zip code where your child will be attending for the **2025-2026** school year. Enter the amount of tuition the noncustodial parent is required to pay as a result of legal separation, divorce, or paternity proceeding (do not include child support reported in Section 3). Please indicate whether your child will be applying for a scholarship from a state-funded program. Scholarships from state-funded programs are typically issued to your school in the form of a voucher.

### Section 3: Applicant & Co-Applicant Income Information

- | Item # | Instruction   |
|--------|---|
| 4.     | Enter the "Adjusted Gross Income" from the applicant's most recent federal tax return.  |
| 5.     | If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return. If filing jointly or if there is not a co-applicant, enter 0 .   |
| 7.     | List the amount of child support you received for all children.   |
| 8.     | List the amount of untaxed social security benefits for all household members. Include Supplemental Security Income (SSI) received.   |
| 12.    | If you anticipate receiving tuition support from friends, relatives and/or your employer, list the amount you will receive.   |
| 14.    | 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. |
| 15.    | If you anticipate a decrease in income, indicate the amount you expect your income to be in <b>2025</b> . In 15c, select the reason(s) you expect a decrease.   |

## Section 4: Applicant & Co-Applicant Expense Information

- | <u>Item #</u> | <u>Instruction</u>   |
|---------------|--|
| 7.            | Total the minimum amounts due from all of your monthly credit card statements 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.  |
| 11.           | List the amount of the monthly health insurance premiums paid and then select the method of payment to indicate if the premiums are paid pre-tax through your employer via payroll deduction or deducted on your tax return as self-employed health insurance deductions or paid directly to the insurance company.                  |
| 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, prescription or co-pay 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.           | Estimate your total annual charitable donations, cash or check ONLY.   |
| 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.  |

## Section 5: Applicant & Co-Applicant Assets and Liabilities

- | <u>Item #</u> | <u>Instruction</u>  |
|---------------|---|
| 1.            | Enter the balance(s) from your most recent savings and/or checking account statement(s).  |
| 2.            | If you have a brokerage account for stocks, bond investments, mutual funds and/or certificates of deposit, list the value of these holdings from your most recent statement(s). |
| 3.            | If you have retirement plan assets, a 401(k), 403(b), Pensions or an Individual Retirement Account (IRA), list the value of these holdings from your most recent statement(s).  |
| 4.            | List the amount you and/or your spouse contribute annually to your retirement plan assets.  |

## Section 6: Required Information & Authorization

Please read the Terms and Conditions along with the Authorization before signing the paper application. Paper applications received without a signature will not be processed.

After completing the application make sure to retain a copy of the application for your records.





# Section 3: Applicant & Co-Applicant Income

1. Size of household:      Number of adults living in this household:        Number of children living in this household:
2. Do you file a federal income tax return?     Yes, I file taxes.     Yes, I file taxes but do not receive W2 income.     No, I do not file taxes.
3. Does the co-applicant file a federal income tax return?     Yes, files jointly with applicant.  
 Yes, files jointly with applicant but does not receive W2 income.  
 Yes, files separately from applicant but does not receive W2 income.  
 Yes, files separately from applicant.  
 No, does not file.

## Taxable Income:

4. Please list the "Adjusted Gross Income" from the applicant's most recent federal tax return. . . . . \$ \_\_\_\_\_ .00
5. If filing jointly or if there is not a co-applicant, enter "0".  
 If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return. . . . . \$ \_\_\_\_\_ .00
6. Do you own any of the following? \*
- |  |                           |                          |
|--|---------------------------|--------------------------|
| a. Business – (Form 1040 Line 12) Attach Schedule C or C-EZ and Form 4562 Depreciation and Amortization          | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Farm – (Form 1040 Line 18) Attach Schedule F and Form 4562 Depreciation and Amortization                      | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Rental Property – (Form 1040 Line 17) Attach Schedule E (page 1)  | <input type="radio"/> Yes | <input type="radio"/> No |
| d. S Corporation – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1120S (5 pages), Schedule K-1, Form 8825 | <input type="radio"/> Yes | <input type="radio"/> No |
| e. Partnership – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1065 (5 pages), Schedule K-1, Form 8825    | <input type="radio"/> Yes | <input type="radio"/> No |
| f. Estates and Trusts – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1041 and Schedule K-1               | <input type="radio"/> Yes | <input type="radio"/> No |

*If none, enter "0."*

## Nontaxable Income:

- |   | Select how income is received.  | If none, enter "0." |
|---|---|---------------------|
| 7. Child support received. . . . .  | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |
| 8. Social Security benefits received that were not taxed, such as SSI. . . . .  | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |
| 9. Temporary Assistance for Needy Families (TANF). . . . .  | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |
| 10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC). . . . .   | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |
| 11. Food stamps. . . . .  | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |
| 12. Tuition support anticipated from friends/relatives/employer . . . . .   | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |
| 13. Workers' Compensation. . . . .  | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |
| 14. Other nontaxable income (i.e. Clergy/Pastoral/Military Housing Allowance, Foster Care Allowance, VA Benefits, etc.) . . . . . | <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Annually | \$ _____ .00        |

## Change of Income:

15. Do you anticipate a decrease in your household income? . . . . .  Yes     No
- If yes, complete the following questions:*
- 15a. What do you anticipate your income to be for the coming year? . . . . . \$ \_\_\_\_\_ .00
- 15b. What do you anticipate your spouse's income to be for the coming year? . . . . . \$ \_\_\_\_\_ .00
- 15c. Your income will be reduced in the coming year for the following reason(s). (Select all that apply.)
- |  |  |
|--|--|
| <u>Applicant:</u>  | <u>Co-Applicant:</u>   |
| <input type="radio"/> Unemployed or expect to be unemployed              | <input type="radio"/> Unemployed or expect to be unemployed              |
| <input type="radio"/> Will have reduced hours                            | <input type="radio"/> Will have reduced hours                            |
| <input type="radio"/> Plan to take a job at a lower wage rate            | <input type="radio"/> Plan to take a job at a lower wage rate            |
| <input type="radio"/> Exiting the workforce and plan to work in the home | <input type="radio"/> Exiting the workforce and plan to work in the home |
| <input type="radio"/> Filing for legal separation or divorce             | <input type="radio"/> Filing for legal separation or divorce             |
| <input type="radio"/> Plan to retire                                     | <input type="radio"/> Plan to retire                                     |
| <input type="radio"/> Medical reasons                                    | <input type="radio"/> Medical reasons                                    |
| <input type="radio"/> Death of a spouse                                  | <input type="radio"/> Death of a spouse                                  |
| <input type="radio"/> Increase in family size                            | <input type="radio"/> Increase in family size                            |
| <input type="radio"/> Loss of alimony or spousal support                 | <input type="radio"/> Loss of alimony or spousal support                 |
| <input type="radio"/> Military reasons                                   | <input type="radio"/> Military reasons                                   |
| <input type="radio"/> Other: _____                                       | <input type="radio"/> Other: _____                                       |

# Section 4: Applicant & Co-Applicant Expense Information

Please complete required (shaded) fields.

## Current MONTHLY Expenses:

- Do you rent or own your primary residence? .....
- Monthly rent or mortgage payment. (Include principal, interest, taxes, and home insurance.) .....
- Do you own a second home (not including rental property)? .....
- If yes, what is the monthly mortgage payment on your second home (including principal, interest, taxes, and home insurance)? .....
- Monthly home equity loan payments. ....
- Vehicle Information: Complete for each vehicle leased or owned, including any vehicle that does not have a monthly payment. (If more than three [3] vehicles, photocopy form and insert.)

	Make/Model	Year
Vehicle #1		
Vehicle #2		
Vehicle #3		

- Total credit card debt. (Do not include balances that are paid in full each month.) .....
- Total of all minimum amounts due on monthly credit card statements. ....
- Monthly student loan payments for family members no longer attending college. ....
- Do you have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses.)  
If yes, please list below. (If additional space is required, photocopy form and insert.)  
Refer to instructions for examples.

Loan #1	
Loan #2	
Loan #3	
Loan #4	

- Monthly child support payments. (Applies only to the parent or guardian paying child support. Do not include child support received.) .....
- Health insurance premiums paid per month .....
- Health insurance premiums are paid. ....

## Current ANNUAL Expenses:

- Annual vehicle insurance expense. ....
- Total annual out-of-pocket medical expenses not paid by insurance. Refer to instructions for examples. ....
- Charitable contributions—cash or checks—per year. ....
- College Expenses:
  - Number of family members attending college beginning in the fall
  - Total amount of your family's out-of-pocket cost for college expected this school year. (Total tuition less student loan proceeds, scholarships, grants and financial aid, and contributions expected from student earnings.)
- Child/Day Care Expenses: (Do not include preschool/prekindergarten expenses. This should be indicated in Section 2.)
  - Number of children for whom you pay child/day care expenses beginning in the fall
  - Total amount of child/day care expenses expected this year. ....
- Elder Care Expenses:
  - Number of people for whom you pay elder care expenses.
  - Total amount of elder care expenses expected this year. ....

### Monthly Expenses If none, enter "0."

Rent     Own     Other

\$ \_\_\_\_\_ .00

Yes     No

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

If none, enter "0."

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

Yes     No

If none, enter "0."

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

- Through pre-tax payroll deduction.
- I/We are self employed.
- Directly to the insurance company / health insurance marketplace.

### Annual Expenses If none, enter "0."

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

## Section 5: Applicant & Co-Applicant Assets & Liabilities

If none, enter "0"

1. Value of cash, savings, and/or checking accounts.....\$ \_\_\_\_\_
2. Value of stock, bond investments, mutual funds, and/or certificates of deposit .....\$ \_\_\_\_\_
3. Value of retirement plan assets – 401(k), 403(b), Pensions and/or IRAs.....\$ \_\_\_\_\_
4. What is your and/or your spouse's annual contribution to retirement plan assets?...\$ \_\_\_\_\_
5. If you own your home, the estimated value .....\$ \_\_\_\_\_
6. If you own your home, the amount you owe.....\$ \_\_\_\_\_
7. If you own a second home, the estimated value. Do not include rental property .....\$ \_\_\_\_\_
8. If you own a second home, the amount you owe .....\$ \_\_\_\_\_

## Section 6: Required Information & Authorization

### ***Terms and Conditions:***

Christ the King is solely responsible for determining the final aid award. Submission of the application does not guarantee receipt of financial aid. Christ the King assumes no liability whatsoever should financial aid be denied for any reason.

Data collected and stored by Christ the King pursuant to this application is considered the property of the participating institution. The data will not be used by Christ the King in any manner not approved by Christ the King and will not be shared with any third parties unless requested by your or as required by applicable law.

The information provided on this form is true, correct, and complete to the best of my knowledge. I am authorized to sign this form and to disclose the information.

(X) \_\_\_\_\_ / / \_\_\_\_\_  
Applicant Signature (applicant)

(X) \_\_\_\_\_ / / \_\_\_\_\_  
Applicant Signature (co-applicant)