



CHRIST *the* KING
CATHOLIC SCHOOL

TUITION AID ENDOWMENT FUND
"Sr. Rosella Fund"
APPLICATION - 2026/2027
APPLICATION DEADLINE IS
APRIL 1, 2026

Grant & Aid Application
For the School Year beginning Fall 2026

Information needed to complete your application:

- Copies of your 2025 IRS Federal Form 1040, 1040A or 1040EZ U.S. Individual Income Tax Return, including supporting tax Schedules C, E, F.
- Copies of all 2025 W-2 Wage and Tax Statements for both the applicant and co-applicant. NOTE: If you are applying before you have received all the 2025 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 **2026-2027** 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 2026 . In 15c, select the reason(s) you expect a decrease.

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 2026 . In 15c, select the reason(s) you expect a decrease.

Section 4: Applicant & Co-Applicant Expense Information

Item #	Instruction
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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

Item #	Instruction
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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 1: Applicant & Co-Applicant Information

I. APPLICANT INFORMATION: Parent or Guardian

Name											MI	
Last					First							
Social Security Number	[] - [] - [] []			Date of Birth	[] - [] - [] []	Month	Day	Year				
Mailing Address												
City						State	[]	Zip	[] - [] []			
County of Residence												
Daytime Phone #	[] - [] - [] []				Evening Phone #	[] - [] - [] []				Ext.	[] - [] []	
Ext.												
E-mail Address												
Secondary E-mail												

Current Marital Status:	<input type="radio"/> Married	(If current marital status is married, co-applicant information is required.)	<input type="radio"/> Single	<input type="radio"/> Divorced	<input type="radio"/> Separated	<input type="radio"/> Widowed				
Employment Status:	<input type="radio"/> Full-Time	<input type="radio"/> Unemployed	<input type="radio"/> Father	<input type="radio"/> Legal Guardian						
	<input type="radio"/> Part-Time (less than 30 hours/week)	<input type="radio"/> Disabled	<input type="radio"/> Mother	<input type="radio"/> Grandfather						
	<input type="radio"/> Stay at Home (full-time family care)	<input type="radio"/> Retired	<input type="radio"/> Stepfather	<input type="radio"/> Grandmother						
Select One	<input type="radio"/> Self-Employed	<input type="radio"/> Student	<input type="radio"/> Stepmother	<input type="radio"/> Other _____						
Occupation					Employer					
* Place of Worship									<input type="radio"/> I do not attend a place of worship.	
City					State	[]	Zip	[] - [] []		
* Religious Affiliation	<input type="radio"/> Baptist	<input type="radio"/> Catholic	<input type="radio"/> Jewish	<input type="radio"/> Lutheran	<input type="radio"/> Muslim	<input type="radio"/> Other Christian	<input type="radio"/> Other Non-Christian			
									<input type="radio"/> Seventh-day Adventist	

II. CO-APPLICANT INFORMATION: Parent or Guardian

Name											MI
Last					First						
Social Security Number	[] - [] - [] []			Date of Birth	[] - [] - [] []	Month	Day	Year			
Employment Status:	<input type="radio"/> Full-Time	<input type="radio"/> Unemployed	<input type="radio"/> Father	<input type="radio"/> Legal Guardian							
	<input type="radio"/> Part-Time (less than 30 hours/week)	<input type="radio"/> Disabled	<input type="radio"/> Mother	<input type="radio"/> Grandfather							
	<input type="radio"/> Stay at Home (full-time family care)	<input type="radio"/> Retired	<input type="radio"/> Stepfather	<input type="radio"/> Grandmother							
Select One	<input type="radio"/> Self-Employed	<input type="radio"/> Student	<input type="radio"/> Stepmother	<input type="radio"/> Other _____							
Occupation											
* Religious Affiliation	<input type="radio"/> Baptist	<input type="radio"/> Catholic	<input type="radio"/> Jewish	<input type="radio"/> Lutheran	<input type="radio"/> Muslim	<input type="radio"/> Other Christian	<input type="radio"/> Other Non-Christian				

Section 2: Student & School Information

If more than three entries, photocopy this page and insert.

Complete this section for **ALL** children in the household attending a tuition-charging K-12 school. Financial information will only be submitted to institutions participating in Christ the King School Fund. The grade level entered should be for the upcoming 2026-2027 school year. CKS will process one application per household. (**Do not submit multiple applications.**)

Child's Name	[]												First	[]												MI			
Child's Social Security No.	[] - [] - []				Child's Date of Birth	[]	-	[]	-	[]	Month	[]	Day	[]	Year	Annual Tuition	\$ [] .00												
Grade Entering	[]	Enter K for Kindergarten Enter the Grade number for Grades 1-12			* Child's Gender	<input type="radio"/> Male	<input type="radio"/> Female	How much do you estimate you and/or your spouse can pay toward this child's tuition annually ? \$ [] .00																					
[]													City	[]												State	[]		Zip
* Child's Ethnic Background (Select One): <input type="radio"/> African-American <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Other																													
Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce, or paternity proceeding. <u>Do not include child support payments</u> . \$ [] .00																													
Will this student be applying for a state-funded scholarship or voucher program? <input type="radio"/> Yes <input type="radio"/> No																													

Child's Name	[]												First	[]												MI			
Child's Social Security No.	[] - [] - []				Child's Date of Birth	[]	-	[]	-	[]	Month	[]	Day	[]	Year	Annual Tuition	\$ [] .00												
Grade Entering	[]	Enter K for Kindergarten Enter the Grade number for Grades 1-12			* Child's Gender	<input type="radio"/> Male	<input type="radio"/> Female	How much do you estimate you and/or your spouse can pay toward this child's tuition annually ? \$ [] .00																					
School Attending	[]												City	[]												State	[]		Zip
* Child's Ethnic Background (Select One): <input type="radio"/> African-American <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Other																													
Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce, or paternity proceeding. <u>Do not include child support payments</u> . \$ [] .00																													
Will this student be applying for a state-funded scholarship or voucher program? <input type="radio"/> Yes <input type="radio"/> No																													

Child's Name	[]												First	[]												MI			
Child's Social Security No.	[] - [] - []				Child's Date of Birth	[]	-	[]	-	[]	Month	[]	Day	[]	Year	Annual Tuition	\$ [] .00												
Grade Entering	[]	Enter K for Kindergarten Enter the Grade number for Grades 1-12			* Child's Gender	<input type="radio"/> Male	<input type="radio"/> Female	How much do you estimate you and/or your spouse can pay toward this child's tuition annually ? \$ [] .00																					
School Attending	[]												City	[]												State	[]		Zip
* Child's Ethnic Background (Select One): <input type="radio"/> African-American <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Other																													
Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce, or paternity proceeding. <u>Do not include child support payments</u> . \$ [] .00																													
Will this student be applying for a state-funded scholarship or voucher program? <input type="radio"/> Yes <input type="radio"/> No																													

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.

If none, enter "0."

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 Yes No
- b. Farm – (Form 1040 Line 18) Attach Schedule F and Form 4562 Depreciation and Amortization Yes No
- c. Rental Property – (Form 1040 Line 17) Attach Schedule E (page 1) Yes No
- d. S Corporation – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1120S (5 pages), Schedule K-1, Form 8825 Yes No
- e. Partnership – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1065 (5 pages), Schedule K-1, Form 8825 Yes No
- f. Estates and Trusts – (Form 1040 Line 17) Attach Schedule E (page 2), Form 1041 and Schedule K-1 Yes No

Nontaxable Income:

7. Child support received. Weekly Monthly Annually \$ 00

8. Social Security benefits received that were not taxed, such as SSI. Weekly Monthly Annually \$ 00

9. Temporary Assistance for Needy Families (TANF). Weekly Monthly Annually \$ 00

10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC). Weekly Monthly Annually \$ 00

11. Food stamps. Weekly Monthly Annually \$ 00

12. Tuition support anticipated from friends/relatives/employer Weekly Monthly Annually \$ 00

13. Workers' Compensation. Weekly Monthly Annually \$ 00

14. Other nontaxable income (i.e. Clergy/Pastoral/Military Housing Allowance, Foster Care Allowance, VA Benefits, etc.) Weekly Monthly Annually \$ 00

Select how income is received.

If none, enter "0."

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.)

Applicant:

- Unemployed or expect to be unemployed
- Will have reduced hours
- Plan to take a job at a lower wage rate
- Exiting the workforce and plan to work in the home
- Filing for legal separation or divorce
- Plan to retire
- Medical reasons
- Death of a spouse
- Increase in family size
- Loss of alimony or spousal support
- Military reasons
- Other: _____

Co-Applicant:

- Unemployed or expect to be unemployed
- Will have reduced hours
- Plan to take a job at a lower wage rate
- Exiting the workforce and plan to work in the home
- Filing for legal separation or divorce
- Plan to retire
- Medical reasons
- Death of a spouse
- Increase in family size
- Loss of alimony or spousal support
- Military reasons
- Other: _____

Section 4: Applicant & Co-Applicant Expense Information

Current MONTHLY Expenses:

1. Do you rent or own your primary residence?
2. Monthly rent or mortgage payment. (Include principal, interest, taxes, and home insurance.)
3. Do you own a second home (not including rental property)?
- 3a. If yes, what is the monthly mortgage payment on your second home (including principal, interest, taxes, and home insurance)?
4. Monthly home equity loan payments.
5. 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

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

6. Total credit card debt. (Do not include balances that are paid in full each month.)
7. Total of all minimum amounts due on monthly credit card statements.
8. Monthly student loan payments for family members no longer attending college.
9. 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	Make/Model
Loan #2	Make/Model
Loan #3	Make/Model
Loan #4	Make/Model

10. Monthly child support payments. (Applies only to the parent or guardian paying child support. Do not include child support received.)
11. Health insurance premiums paid per month
- 11a. Health insurance premiums are paid.

Current ANNUAL Expenses:

12. Annual vehicle insurance expense
13. Total annual out-of-pocket medical expenses not paid by insurance. Refer to instructions for examples.
14. Charitable contributions—cash or checks—per year.
15. College Expenses:
 - 15a. Number of family members attending college beginning in the fall
 - 15b. 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.)
16. Child/Day Care Expenses: (Do not include preschool/prekindergarten expenses. This should be indicated in Section 2.)
 - 16a. Number of children for whom you pay child/day care expenses beginning in the fall
 - 16b. Total amount of child/day care expenses expected this year.
17. Elder Care Expenses:
 - 17a. Number of people for whom you pay elder care expenses.
 - 17b. Total amount of elder care expenses expected this year.

Please complete required (shaded) fields.

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)