

# Tucker Maxon School Financial Aid Application

2021-22 School Year

DEADLINE: APRIL 16, 2021 at 5 PM

Applications submitted by March 12, 2021 will be reviewed for early decision.

## WHAT IS REQUIRED TO PROCESS THIS APPLICATION

(If any of the following is missing, your application will be considered incomplete and will not be considered)

1. This application form filled out in its entirety, signed and dated below by the Parent(s)/Guardian(s) listed in Sections A and B.
2. **If you have filed a 2020 IRS Form 1040:** Please provide a complete copy of your 2020 Form 1040, 1040A, or 1040EZ (as filed with the IRS, including all Schedules) and 2020 W-2 Forms, 2020 1099/1099R, or 1098 Forms for any wage-earning adult residing with or responsible for the student applicant(s).
3. **If you have not filed a 2020 IRS Form 1040:** Please provide a complete copy of your draft 2020 Form 1040, 1040A, or 1040EZ (as filed with the IRS, including all Schedules) and 2020 W-2 Forms, 2020 1099/1099R, or 1098 Forms for any wage-earning adult residing with or responsible for the student applicant(s).
4. If this application is submitted after April 16, 2021 deadline, and you are not including tax documents, you must provide a copy of your 2020 Extension for Filing Request.
5. **If you do not file an IRS Form 1040 AND/OR receive non-taxable income:** Please provide copies of all your 2020 year-end Social Services statements, Food Stamp documentation, Housing Assistance documentation, Student Loans and/or grant documentation for all parent's or guardian's education, Social Security income statements showing total amounts received in 2020 for all members of the household.
6. Please provide a copy of the **Personal Balance Sheet** at the end of this application for the entire household. This is required for all applications.

# Tucker Maxon School Financial Aid Application

2021-21 School Year

DEADLINE: APRIL 16, 2021 at 5 PM

Applications submitted by March 12, 2021 will be reviewed for early decision.

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ (next school year)

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ (next school year)

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ (next school year)

**Section A: Parent, Guardian, or Other Adult Responsible for Tuition (For purposes of this application, the term parent is based on the Free Application for Federal Student Aid (FAFSA) form. It includes custodial parents, ex-spouses and step-parents.)**

Check One:  Father  Mother  Step-Father  Step-Mother  Other Adult

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Parent, Guardian, or Other Adult Responsible for Student**

Check One:  Father  Mother  Step-Father  Step-Mother  Other Adult

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section B: Dependents (Do Not Leave Blank)**

Number of dependent children who will attend a tuition charging school: preschool, elementary school, secondary school, or college in the fall of 2021? \_\_\_\_\_

Please list all dependent children **in order of oldest to youngest**, including college students. Indicate each dependent's relationship to Parent/Guardian A: child, foster child, grandchild, etc. To qualify as a dependent here, you must also list that person as a dependent on your 2020 tax return.

1. First Name: \_\_\_\_\_ MI \_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relation to Parent/Guardian in Section A: \_\_\_\_\_

2. First Name: \_\_\_\_\_ MI \_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relation to Parent/Guardian in Section A: \_\_\_\_\_

3. First Name: \_\_\_\_\_ MI \_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relation to Parent/Guardian in Section A: \_\_\_\_\_

4. First Name: \_\_\_\_\_ MI \_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relation to Parent/Guardian in Section A: \_\_\_\_\_

5. First Name: \_\_\_\_\_ MI \_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relation to Parent/Guardian in Section A: \_\_\_\_\_

6. First Name: \_\_\_\_\_ MI \_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relation to Parent/Guardian in Section A: \_\_\_\_\_

7. First Name: \_\_\_\_\_ MI \_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relation to Parent/Guardian in Section A: \_\_\_\_\_

**Section C: Household Information**

1. Number of individuals who will reside in my/our household during the 2021-22 school year.

Parents/Guardians \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_ (If other please explain below)

\_\_\_\_\_

\_\_\_\_\_

2. Who claimed student as a tax dependent in 2020 \_\_\_\_\_

3. What adults are responsible for the tuition for the dependent(s) listed in Section C?

Please check all that apply.

Father \_\_\_ \_\_\_ % Name: \_\_\_\_\_

Mother \_\_\_ \_\_\_ % Name: \_\_\_\_\_

Other \_\_\_ \_\_\_ % Name: \_\_\_\_\_

**Section D: Non-Taxable Income**

Please list the total amount received from 1/1/20-12/31/20 for all recipients in the household.

Please list the total amount per year. **Do not** list monthly amounts here.

1. Child support \$ \_\_\_\_\_ (Total in 2020)

2. Alimony/Spousal support \$ \_\_\_\_\_ (Total in 2020)

3. Cash Assistance \$ \_\_\_\_\_ (Total in 2020)

4. Food Stamps and/or WIC \$ \_\_\_\_\_ (Total in 2020)

5. Medicaid received in 2020 Yes \_\_\_\_\_ No \_\_\_\_\_

6. Social Security income (SSA/SSD, SSI, etc.) \$ \_\_\_\_\_ (Total in 2020)

(Provide documentation for all recipients in household.)

7. Student loans and/or grants received for PARENT's education \$ \_\_\_\_\_ (Total in 2020)

8. Total amount of loans and/or grants used for household expenses \$ \_\_\_\_\_ (Total in 2020)

9. Housing Assistance (Sec. 8, HUD, etc.) \$ \_\_\_\_\_ (Total in 2020)

10. Other non-taxable income (working for cash, adoption and/or foster subsidy, worker's comp, disability, pension, retirement, etc. Identify sources below. \$ \_\_\_\_\_ (Total in 2020)

11. Any Military/VA Benefits and/or Compensation. \$ \_\_\_\_\_ (Total in 2020)

Identify sources below.

Sources of other non-taxable income: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Loan or gifts from relatives \$ \_\_\_\_\_ (Total in 2020)

**Total non-taxable income for 2020 (items 1-12 above) \$ \_\_\_\_\_ (Total in 2020)**

## Section E: Housing Information

Do you rent or own your residence? \_\_\_\_\_

If you rent:

1. What is your total monthly rental payment? \_\_\_\_\_ per month
2. Amount paid by parents or guardians listed in this application? \_\_\_\_\_ per month
3. Amount paid by other source(s) \_\_\_\_\_ per month
4. Are you current on your monthly payment? \_\_\_\_\_ (yes or no)
5. If no, what is the total amount you owe (behind in payments)? \_\_\_\_\_

If you own:

1. What is the current market value of the home? \_\_\_\_\_
2. What is the amount still owed? \_\_\_\_\_
3. What amount is paid by other sources? \_\_\_\_\_
4. What is your monthly mortgage payment? \_\_\_\_\_
5. Are you currently behind on your monthly mortgage payment? \_\_\_\_\_
6. If yes, what is the total amount owed (behind in payments)? \_\_\_\_\_
7. Are you in a foreclosure process on your home? \_\_\_\_\_ (yes or no)

## Section F: Assets and Investments (current values)

1. Total amount in all cash, checking, and savings accounts \_\_\_\_\_
2. Total value of money market funds, mutual funds, stocks  
Bonds, CDs, or other securities \_\_\_\_\_
3. Total value of IRA, KEOGH, 401K, 403B, SEP, or other retirement accounts \_\_\_\_\_
4. Total contribution to your retirement account(s) in 2020 \_\_\_\_\_
5. Do you own real estate other than your primary residence? \_\_\_\_\_ (yes or no)  
What is the current market value? \_\_\_\_\_  
What is still owed on the property? \_\_\_\_\_
6. Do you own a business? \_\_\_\_\_  
What is the fair market value of your business? \_\_\_\_\_  
What is the amount still owed on your business or business loans? \_\_\_\_\_
7. Do you own a farm? \_\_\_\_\_  
What is the fair market value of your farm? \_\_\_\_\_  
What is the amount still owed on your farm? \_\_\_\_\_

**Section G: Special Circumstances (Please circle all that apply to your situation since September 1, 2020)**

- |                                |                         |
|--------------------------------|-------------------------|
| Loss of job                    | Illness or injury       |
| Recent separation/divorce      | Death in the family     |
| Change in family living status | Shared custody          |
| Change in work status          | High debt               |
| Bankruptcy                     | Child support reduction |
| College Expenses               | Medical/Dental expenses |
| Income reduction               | Shared tuition          |

Please explain financial impact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please attach an optional letter explaining any special circumstances if you need more space.

**Section H: Business Income Estimate (2020 totals)**

If you have not filed a 2020 Tax Return and are Self-Employed, own a business, rental property, and/or farm, please fill out this section. **Do not leave blank** if you have business income.

1. What is your total estimated GROSS business taxable income?  
Schedule C \_\_\_\_\_ Schedule D \_\_\_\_\_ Schedule F \_\_\_\_\_
2. What is your total NET business taxable income/loss?  
Schedule C \_\_\_\_\_ Schedule D \_\_\_\_\_ Schedule F \_\_\_\_\_
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 below:
6. If you own rental property: What was the total amount of Rental Income received?  
\_\_\_\_\_

**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 Tucker Maxon School to use this document and all the attachments for financial aid request only. I/We agree to apply for the AG Bell, Travelers Protective Association (TPA) and other applicable scholarships by their deadlines.

Parent/Guardian A: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian B: \_\_\_\_\_ Date: \_\_\_\_\_

**Name(s)**  
**Personal Balance Sheet**  
**Date**

Assets	
<b>Cash &amp; Cash Equivalents</b>	
Cash on hand	
Checking accounts	
Savings accounts	
Money markets	
Certificates of Deposit	
Other	
<b>Total Cash &amp; Cash Equivalents</b>	\$ -
<b>Brokerage Accounts</b>	
Stocks	
Mutual funds	
Municipal bonds	
Government bonds	
Corporate bonds	
Other 1	
Other 2	
<b>Total Brokerage Accounts</b>	\$ -
<b>Retirement Accounts</b>	
401(k)	
403(b)	
457	
IRA - Roth	
IRA - Traditional	
Profit Sharing	
Pension	
<b>Total Retirement Accounts</b>	\$ -
<b>Property</b>	
Primary residence	
Secondary residence	
Rental property	
Rental property	
Investment property	
Vehicle 1	
Vehicle 2	
Recreational vehicle 1	
Recreational vehicle 2	
<b>Total Property</b>	\$ -
<b>Other Assets</b>	
Loans to friends/family	
Life insurance cash surrender value	
Jewelry	
Furnishings	
Antiques	
Collectables	
Other 1	
Other 2	
<b>Total Other Assets</b>	\$ -
<b>Total Assets</b>	\$ -

Liabilities	
<b>Short-Term Credit</b>	
Credit card 1	
Credit card 2	
Credit card 3	
Loans from friends/family	
Home line of credit	
Other	
<b>Total Short-Term Credit</b>	\$ -
<b>Loans &amp; Mortgages</b>	
Primary residence	
Secondary residence	
Rental property	
Investment property	
Vehicle 1	
Vehicle 2	
Recreational vehicle 1	
Recreational vehicle 2	
Student loans	
Business loans	
401(k) loan	
<b>Total Loans &amp; Mortgages</b>	\$ -
<b>Other Liabilities</b>	
Commitment to donate	
Other 1	
Other 2	
Other 3	
<b>Total Other Liabilities</b>	\$ -
<b>Total Liabilities</b>	\$ -

<b>Current Net Worth</b>	\$ -
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Net Worth Over Time	
Year 1	
Year 2	
Year 3	
Year 4	
Year 5	

