

Tucker Maxon School Financial Aid Application

2022-23 School Year

DEADLINE: APRIL 19, 2022 at 5 PM

Applications submitted by March 9, 2022 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 2022? _____

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 2021 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 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 2022? _____

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 2021 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 2022-23 school year.

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

2. Who claimed student as a tax dependent in 2021 _____

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 1/1/21-12/31/21 for all recipients in the household.

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

- 1. Child support \$ _____ (Total in 2021)
- 2. Alimony/Spousal support \$ _____ (Total in 2021)
- 3. Cash Assistance \$ _____ (Total in 2021)
- 4. Food Stamps and/or WIC \$ _____ (Total in 2021)
- 5. Medicaid received in 2021 Yes ___ No ___
- 6. Social Security income (SSA/SSD, SSI, etc.) \$ _____ (Total in 2021)
- (Provide documentation for all recipients in household.)
- 7. Student loans and/or grants received for PARENT's education \$ _____ (Total in 2021)
- 8. Total amount of loans and/or grants used for household expenses \$ _____ (Total in 2021)
- 9. Housing Assistance (Sec. 8, HUD, etc.) \$ _____ (Total in 2021)
- 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 2021)
- 11. Any Military/VA Benefits and/or Compensation. \$ _____ (Total in 2021)

Identify sources below.
Sources of other non-taxable income: _____

- 12. Loan or gifts from relatives \$ _____ (Total in 2021)
- Total non-taxable income for 2021 (items 1-12 above) \$ _____ (Total in 2021)**

Section G: Special Circumstances (Please circle all that apply to your situation since September 1, 2021)

- | | |
|--------------------------------|-------------------------|
| 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 (2021 totals)

If you have not filed a 2021 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?

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 2021 _____
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? _____

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

Liabilities	
Short-Term Credit	
Credit card 1	
Credit card 2	
Credit card 3	
Loans from friends/family	
Home line of credit	
Other	
Total Short-Term Credit	\$ -
Loans & Mortgages	
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	
Total Loans & Mortgages	\$ -
Other Liabilities	
Commitment to donate	
Other 1	
Other 2	
Other 3	
Total Other Liabilities	\$ -
Total Liabilities	\$ -

Current Net Worth	\$ -
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Net Worth Over Time	
Year 1	
Year 2	
Year 3	
Year 4	
Year 5	



