



LAKE MICHIGAN

CATHOLIC SCHOOLS

BUSINESS OFFICE

Nourishing the Human Spirit ~ Mind, Body, and Soul ~ through Jesus Christ

Actions Necessary to Finalize Financial Aid Application

Family Name _____ Date _____

_____ Financial Assistance Application.

_____ Copy of 2018 Federal Tax Return.

_____ Copy of W-2's.

_____ Amount you can pay for your children's education is required.

_____ Other _____

To be eligible and qualify for Tuition Assistance, complete and return all information to the Business Office prior to the deadline date of 4/18/2019.



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FINANCIAL AID

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Dear Parents:

This form is an application for Financial Aid through Lake Michigan Catholic Schools. Financial Aid is made available through the efforts of the Lake Michigan Catholic School Fund, local parishes, and private donations. It is the intent of the Diocese of Kalamazoo, supporting Parishes and LMC school system to assist in any ways possible all who desire a Catholic education.

In order to insure accountability to those entities donating moneys for the financial aid program, your names and the amount of any award may be released to the above named donors. All other information forwarded to this office by you will be kept confidential.

If you have any questions, please do not hesitate to contact me directly.

Complete both sides of this form; return with copies of your 2018 Federal Tax Return and 2017 W-2's by April 18, 2019.

Respectfully,

Larry Glendening
 Director of Business Operations



NAME: _____

ADDRESS: _____

PHONE: _____

EMPLOYMENT STATUS: (Select # from below):

- 1. Employed by Another
- 2. Self-employed
- 3. Temporarily Unemployed
- 4. Full Time Homemaker

Father: Mother:

- 5. Unemployed
- 6. Retired/Permanently Disabled
- 7. Temporarily Disabled
- 8. Full Time Student

Total Tuition 2019/2020 Academic Year \$ Required

Amount of Tuition Family Can Pay: \$ Required

Amount of Tuition Relatives/Others Can Pay: \$ Required

Complete both sides of this form and return to the Director of Business Operations with supporting documentation no later than 4/18/2019. Thank you.

TUITION ASSISTANCE APPLICATION 2019-2020

DUE DATE: April 18, 2019

NAME: _____

PHONE: _____

ADDRESS: _____

EMAIL: _____

CITY, STATE ZIP: _____

NAMES/GRADES OF CHILDREN ATTENDING LMC

TOTAL NUMBER OF PERSONS IN HOUSEHOLD: _____

TOTAL NUMBER OF ADULTS IN HOUSEHOLD: _____

Marital Status: (Check One)

Married Single Single Parent Sharing Expenses

NAME OF PARISH: _____

HOUSEHOLD INCOME

2018 Adj Gross Income (all household adults): _____
(1040 Federal Tax Return)

2018 Earned Income Credit: _____
(1040 Federal Tax Return)

Adult #1 – 2017 W-2 Income: _____
(W-2 Box 1)

Adult #2 – 2017 W-2 Income: _____
(W-2 Box 1)

2018 Social Security Benefits: _____
(Include Social Security year end statements of all household persons)

2018 Child Support Received: _____

2018 Military/Clergy House Allowance: _____

2018 Non-taxable Income: _____
(W-2 Box 12; ADC; General Assistance, Food Stamps, others)

HOUSEHOLD ASSETS

Household Adults' Cash: _____
(Includes cash, checking, savings)

Value of Your Home: _____
(\$0 if you rent)

Amount Owed on Your Home: _____

Value of Stocks, Bonds, Investments: _____
(Exclude retirement and pension accounts)

Value of Other Assets Owned: _____
(Circle all that apply: real estate, business, farm)

Amount Owned on Assets Above: _____

HOUSEHOLD DEDUCTIONS

2018 Federal Income Tax: _____
(1040 Federal Tax Return)

2018 Medical/Dental Expenses: _____
(Expenses not covered by insurance, Premiums paid outside of an employer's plan. You must provide Form 1040 Schedule A or an itemized list of expenses.)

2018 Child Support Paid: _____

2019-2020 K-12 Tuition Paid: _____
(After all grants are subtracted; do not include college tuition paid)

2018 Church Contributions: _____
(Include Form 1040 Schedule A)

2018 Childcare Costs: _____
(1040 Federal Tax Return)

OTHER INFORMATION

You can use additional sheets to explain special circumstances if necessary such as medical hardships, unemployment, change in employments that will cause increase or decrease in income, etc.

List weekly unemployment amount: _____
for any unemployed household adults

Household 2018 College Tuition Paid: _____

Submit application, 2018 Federal Income Tax Return, W-2's and any other backup info required to:

**Lake Michigan Catholic Schools
Attn: Larry Glendening
915 Pleasant St.
St. Joseph, MI 49085**