



Tuition Adjustment Application 2017-18

THIS FORM IS DUE ON 4/5/17

Financial Appraisal Guidelines for Tuition Adjustment:

Tuition adjustment is not intended to support a family's discretionary expenses such as large amounts of home or property equity, second homes, investment portfolios, etc. Having any of these does not preclude an adjustment, but will be taken into consideration in relation to the school's needs.

To participate in the tuition adjustment process for your family, complete the Tuition Adjustment Application enclosed. Please complete all questions, date and sign the Tuition Adjustment Application and return to the school office by April 5, 2017 with a copy of your completed and signed Federal Income Tax return for 2016 (or most recent). Upload and submit the same information to FACTS

The reason for requesting you to submit your information to both FACTS and directly to the Tuition Assistance Committee is so that the Tuition Adjustment Committee can start processing applications while FACTS is still verifying data.

Allocation Guidelines for Tuition Adjustment:

Your adjustment results will be mailed to you. Upon receipt, please bring your papers to Sara Lehner or Anna Harp in the school office for a brief meeting to complete your contract.

Appraisal Confidentiality:

The information provided by families participating in the tuition adjustment process will be handled in a confidential manner by all involved.

Tuition Adjustment Process:

1. Re-enroll by **April 5, 2017**. If you wish to re-enroll, but are uncertain about whether you can commit to next year at this time, please re-enroll now. If you later find you must withdraw, your deposit will be refunded to you up until **May 26, 2017** (provided you have no unpaid balance for tuition, fees, lunch, etc.).
2. Turn in your completed Parent Financial Commitment form and **\$150 Deposit by April 5, 2017. After this date, the Deposit is \$500**. The Deposit check may be post-dated to May 26, 2017. Please note: if you are a new family applying after the re-enrollment deadline, the deposit increase does not apply to you.
3. Complete and submit this paper application and a copy of your IRS Form 1040(s), W-2(s), etc. to Anna Harp in the AWS Office for the Tuition Assistance Committee by **April 5, 2017***. The reason for requesting you to submit your information to both FACTS and directly to the Tuition Assistance Committee is so that we can start assessing your financial need while FACTS is still verifying your data.
4. Log in into FACTS and enter the same information by **April 5, 2017***. To log in, go to <https://online.factsmtg.com/signin/3C8X3>. If you are a New FACTS User, select Create username & password. Once logged in, click on the Start Application link. There is a one-time non-refundable application fee of \$30.00 per family.
5. Upload your financial documents into FACTS by **April 5, 2017*** (Families may bring documents to AWS to have them scanned and uploaded to FACTS if they need to do so).

**The April 5, 2017 deadline does not apply to new families who enroll after April 5, 2017.*

NOTE: Awards made to tuition adjustment applications received after the April 5, 2017 will have \$500 late application fee deducted from any award.

CONFIDENTIALITY: The information provided by families participating in the tuition adjustment process will be handled in a confidential manner by all involved.

Family Name: _____

PLEASE READ FIRST IF YOU ARE A TWO HOUSEHOLD FAMILY:

Documentation for Divorced or Separated Families: Tuition adjustment is determined by a family's ability to meet educational expenses. In general, it is the position of this School that divorced or separated parents retain the obligation to contribute to the education of their children whether or not there is a legal agreement between them to do so. AWS requests that both natural parents provide financial information each year if they are requesting a tuition adjustment (parents divorced or separated should complete separate forms). In addition, if the custodial parent has remarried, the step parent's financial information should also be provided. If requested information is not provided or available, the custodial parent must provide a written explanation. An evaluation of need will be based on the income and assets of both the natural parent and the step parent.

APPLICANT INFORMATION

Parent/Guardian 1

NAME First: _____ Middle: _____ Last: _____

Street Address: _____

City, State Zip: _____

Day Time Phone: _____ Evening Phone: _____ Cell Phone: _____

Email Address: _____

Social Security Number: _____ Date of Birth (MM/DD/YYYY): _____

Marital Status: _____ Relationship to Student(s): _____

Occupation: _____ Employer: _____ Employment Status: _____

Parent/Guardian 2

NAME First: _____ Middle: _____ Last: _____

Day Time Phone: _____ Evening Phone: _____ Cell Phone: _____

Email Address: _____

Social Security Number: _____ Date of Birth (MM/DD/YYYY): _____

Marital Status: _____ Relationship to Student(s): _____

Occupation: _____ Employer: _____ Employment Status: _____

STUDENT INFORMATION

Student 1 Information

NAME First: _____ Middle: _____ Last: _____

Date of Birth (MM/DD/YYYY): _____ Gender (circle one): Male Female

Social Security Number: _____ Ethnicity: _____

Student 2 Information

NAME First: _____ Middle: _____ Last: _____

Date of Birth (MM/DD/YYYY): _____ Gender (circle one): Male Female

Social Security Number: _____ Ethnicity: _____

Student 3 Information

NAME First: _____ Middle: _____ Last: _____

Date of Birth (MM/DD/YYYY): _____ Gender (circle one): Male Female

Social Security Number: _____ Ethnicity: _____

Student 4 Information

NAME First: _____ Middle: _____ Last: _____

Date of Birth (MM/DD/YYYY): _____ Gender (circle one): Male Female

Social Security Number: _____ Ethnicity: _____

Family Name: _____

TAXABLE INCOME

- 1a. Number of adults living in this household? _____
- 1b. Number of children living in this household? _____
- 2a. Does Parent/Guardian 1 file a federal income tax return? (circle one) Yes No
- 2b. Does Parent/Guardian 1 receive income reported on a W-2? (circle one) Yes No
- 3a. Does Parent/Guardian 2 file a federal income tax return? (circle one) Yes, Jointly Yes, Separately No
- 3b. Does Parent/Guardian 2 receive income reported on a W-2? (circle one) Yes No

If you answered yes to 2a and/or 3a, please submit copies of the most recent IRS Federal Form 1040, 1040A or 1040-EZ U.S. Individual Income Tax Return. If Parent/Guardian 1 and 2 file separately, we require both tax returns for the same tax year.

If you answered yes to 2b and/or 3b, please submit copies of the most recent W-2 Wage and Tax Statements for both Parent/Guardian 1 and 2. Please Note: If you are applying before you have received all the 2016 W-2 Wage and Tax Statements, please submit them as soon as they become available.

- 4. Please list the "Adjusted Gross Income" from the Parent/Guardian 1's most recent federal income tax return. \$ _____
- 5. If filing jointly or if there is not a Parent/Guardian 2, enter "0". If filing separately, list the "Adjusted Gross Income" from the Parent/Guardian 2's most recent federal tax return. \$ _____
- 6. Does Parent/Guardian 1 or 2 own any of the following? (circle Yes or No for each line)

Business	Yes	No	If yes, please submit Schedule C or C-EZ (Form 1040) and Form 4562 Depreciation and Amortization
Rental Property	Yes	No	If yes, please submit Schedule E (Form 1040)
S Corporation	Yes	No	If yes, please submit Schedule E (Form 1040), Form 1120S (4 pages), Schedule K-1, Form 8825
Partnership	Yes	No	If yes, please submit Schedule E (Form 1040), Form 1065 (5 pages), Schedule K-1, Form 8825
Estates and Trusts	Yes	No	If yes, please submit Schedule E (Form 1040), Form 1041, Schedule K-1
Farm	Yes	No	If yes, please submit Schedule F (Form 1040) and Form 4562 Depreciation and Amortization

NON-TAXABLE INCOME

Please list the amount and frequency (Week, Month or Year) you receive for each type of non-taxable income.

If none, enter 0

- 7. Child Support Received _____ per _____
- 8. Social Security benefits received that were not taxed, such as SSI _____ per _____
- 9. Temporary Assistance for Needy Families (TANF) _____ per _____
- 10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC) _____ per _____
- 11. Food Stamps _____ per _____
- 12. Tuition support anticipated from friends/relatives/employer _____ per _____
- 13. Worker's Compensation _____ per _____
- 14. Other Nontaxable Income _____ per _____

CHANGE OF INCOME

- 15. Does your household anticipate a decrease in your annual income for 2017? (circle one) Yes No
- If yes,
 - a. What do you anticipate Parent/Guardian 1's income to be for 2017? \$ _____
 - b. What do you anticipate Parent/Guardian 2's income to be for 2017? \$ _____
 - c. Your income will be reduced in the coming year for the following reason(s). (Check all that apply)

	<u>Parent/Guardian 1</u>	<u>Parent/Guardian 2</u>
Unemployed or expect to be unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Will have reduced hours	<input type="checkbox"/>	<input type="checkbox"/>
Plan to take a job at a lower wage rate	<input type="checkbox"/>	<input type="checkbox"/>
Exiting the workforce and plan to work in the home	<input type="checkbox"/>	<input type="checkbox"/>

Family Name: _____

Filing for a legal separation or divorce	<input type="checkbox"/>	<input type="checkbox"/>
Plan to retire	<input type="checkbox"/>	<input type="checkbox"/>
Medical reasons	<input type="checkbox"/>	<input type="checkbox"/>
Death of a spouse	<input type="checkbox"/>	<input type="checkbox"/>
Increase in family size	<input type="checkbox"/>	<input type="checkbox"/>
Loss of alimony or spousal support	<input type="checkbox"/>	<input type="checkbox"/>
Military reasons	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>): _____	<input type="checkbox"/>	<input type="checkbox"/>

MONTHLY EXPENSES

Residential Expenses

1. Does Parent/Guardian 1 and/or 2 rent or own your primary residence? (*circle one*) Yes No
2. Monthly rent or mortgage payment? (Include principal, interest, taxes and home insurance.) \$ _____
3. Does Parent/Guardian 1 and/or 2 own a second home (not including rental property)? (*circle one*) Yes No
 - a. 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 \$ _____

Vehicle Expense

5. Add all vehicles leased or owned, including any vehicle that does not have a monthly payment. Please do not include insurance expense.

<u>Make/Model</u>	<u>Year</u>	<u>Monthly Payment</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Credit Cards and Other Loans

6. Total Credit Card Debt \$ _____
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. Does Parent/Guardian 1 have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses.) (*circle one*) Yes No

If yes, please list below.

<u>Loan Creditor</u>	<u>Monthly Payment</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

10. Monthly Child Support Payments \$ _____
- 11a. Health insurance premiums paid per month \$ _____
- 11b. Health insurance premiums are paid
 - Directly to insurance company / health insurance marketplace
 - Through pre-tax payroll deduction
 - I / We are self-employed

ANNUAL EXPENSES

12. Annual Vehicle Insurance Expense \$ _____
13. Total annual out-of-pocket medical expenses not paid by insurance \$ _____
14. Charitable contributions - cash or checks per year \$ _____

Family Name: _____

College Expenses

15a. Number of family members attending college beginning this fall _____

15b. Total amount of your family's out-of-pocket cost for college expected this school year \$ _____

Child/Day Care Expenses

(Do not include preschool/prekindergarten expenses.)

16a. Number of children for whom you pay child/day care expenses beginning this fall _____

16b. Total amount of child/day care expenses expected this year \$ _____

Elder Care Expenses

17a. Number of people for whom you pay elder care expenses _____

17b. Total amount of elder care expenses expected this year \$ _____

ASSETS & LIABILITIES

1. Value of cash, savings, and/or checking accounts \$ _____

2. Value of stocks, bond investments, mutual funds, and/or certificates of deposit \$ _____

3. Value of retirement plan assets \$ _____

4. What is your and/or your spouse's annual contribution to retirement plan assets? \$ _____

5. If you own your home, what is the estimated value? \$ _____

6. If you own your home, what is the amount you owe? \$ _____

7. If you own a second home, what is the estimated value? \$ _____

8. If you own a second home, what is the amount you owe? \$ _____

List the cost of vacations taken in 2016 \$ _____

Please give a brief description of your reason for making this request for aid. _____

Please tell us what other sources you have contacted for aid and what you have done or intend to do to help fulfill parental tuition obligation (e.g., bank, relatives, other tuition programs, part-time employment, etc.).

Please list any volunteering you are currently doing at AWS. _____

Family Name: _____

We ask all families to also apply for available scholarships, if eligible, such as the BISON Fund. Please list any scholarships for which you have applied for the 2017-18 school year and the status of each:

Scholarship: _____ Status: _____

Scholarship: _____ Status: _____

Scholarship: _____ Status: _____

Parent/Guardian(s) Certification & Authorization

I/We understand that should any of the information included in this application or any supporting documents be untrue, the school reserves the right to rescind the full amount of any tuition assistance and demand full payment of all tuition and fees.

I/We understand that the full amount of any tuition assistance is contingent on the student completing the full school year. Should the student leave the school, for any reason, the full amount of tuition assistance will be forfeited and full tuition will be assessed and due.

Parent/Guardian 1 Signature: _____ Date _____

Parent/Guardian 2 Signature: _____ Date _____