

Christian Brothers Academy Syracuse, NY

2023-2024 STUDENT FINANCIAL AID APPLICATION

This form must be postmarked on or before 1/31/23

Information needed to complete your application:

- * Copies of your **complete** 2021 IRS Federal Form 1040, 1040A or 1040 EZ U.S. Individual Income Tax Return, including **ALL** supporting tax Schedules. **Copies of New York State Income Tax Returns.** If applicant and co-applicant file separately, we require both tax returns for the same tax year.
 - * Copies of all 2022 W-2 Wage and Tax Statements for both you and your spouse. If you don't have a W2, please submit final pay stub from 2022 which includes a yearly total.
 - * Copies of all supporting documentation for household Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families. Copies of any divorce/ separation agreement showing education, child support and alimony. **(If no agreement, both parents must apply, non married parents both need to submit financial information)**
 - * Payment of your nonrefundable \$30 application fee.
- *** ANY INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Mail by 1/31/23 to:

Christian Brothers Academy
Financial Aid Committee
6245 Randall Road
Syracuse, NY 13214

INSTRUCTIONS

- 1 Payment by check or money order is required or your application will **not** be processed.
- 2 If the parents are divorced, the parent responsible for payment of the tuition should complete and sign this form. If each of the divorced parents is responsible for a portion of the tuition, each parent should complete a separate form and indicate the portion of tuition for which he/she is responsible. Please attach education portion of divorce agreement.
- 3 If the parents are "married filing separately", report total household earnings on this form and enclose both filers' tax returns, including all supporting schedules and W-2 information.
- 4 For all financial-related information, round up to the next whole dollar.
- 5 Retain a copy of the application for your records.

Please Note: New awards or continuation of awards is dependent upon satisfactory or above satisfactory academic performance.

REQUIRED DOCUMENTATION

You must include your **complete (all Pages)** 2021 1040, 1040A or 1040-EZ U.S. Individual Income Tax Return, including **ALL** supporting tax Schedules, 2022 W-2 and Tax Statements or final 2022 paystub and all supporting documentation for household Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF). Copies of divorce/separation agreement regarding education, child support and alimony. **(If no agreement, both parents must apply)** Also please include your New York State Income Tax Return.

Instructions for completing the application.

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.

Section 2: Student & School Information

It is imperative that you complete this section for **ALL** children in the household attending a tuition-charging PK-12 institution. If you do not know the exact amount of your child's tuition, enter the amount you are currently paying for tuition. Indicate the school name, city, state and zip code where your child will be attending for the 2023-2024 school year. Enter the amount of tuition the noncustodial parent is required to pay as a result of legal separation, divorce or paternity proceeding.

Section 3: Applicant & Co-Applicant Income Information

Supporting documentation must be provided for all household Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families. (TANF).

<u>Item #</u>	<u>Instruction</u>
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 no co-applicant, enter "0".
7.	List the amount of child support for all children and alimony you receive. (Documentation required)
8.	List the amount of untaxed social security benefits for <u>all</u> 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 2023. In 15c, select the reason(s) you expect a decrease and explain.

Section 4: Applicant & Co-Applicant Expense Information

- | <u>Item #</u> | <u>Instruction</u> |
|---------------|---|
| 5. | List the amount you or your spouse pay in child support payments per month. |
| 6. | List the monthly health insurance premiums paid directly to the insurance company. (Do NOT include premiums paid through your employer via payroll deduction or premiums that are deducted on your tax return as self-employed health insurance deductions.) |
| 7. | 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. |
| 8. | If you have children for whom you are paying child or day care expenses, please list your estimated annual expense. Do not include preschool/prekindergarten tuition expenses. |

Section 5: Applicant & Co-Applicant Assets and Liabilities

- | <u>Item #</u> | <u>Instruction</u> |
|---------------|---|
| 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. | Enter the value of your 529 plan. |
| 4. | If you have retirement plan assets, a 401(k), 403 (b) or an Individual Retirement Account (IRA), list the value of these holdings from your most recent statement(s). |
| 5. | List the amount you and/or your spouse contribute annually to your retirement plan assets. |

Section 6: Required Information & Authorization

Payment of the nonrefundable application fee must be received in order to process your application. Failure to submit payment with your application could result in you not receiving financial aid.

ANY INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

SECTION 1: Applicant & Co-Applicant Information

Include all parents or guardians who reside in the family home. PLEASE PRINT CLEARLY

I. Applicant Information: Parent or Guardian

Name

Last

First

Date of Birth

Mailing
Address

City

State

Zip

Daytime
Phone #

Evening
Phone #

Email Address

Employment
Status:

Relationship to
student(s):

Occupation:

Employer:

Current
Marital Status

Married

Significant Other

Single

Guardian

Divorced

Separated

Widowed

II. Co-Applicant Information: Parent & Guardian

Name

Last

First

Date of Birth

Mailing
Address

City

State

Zip

Daytime
Phone #

Evening
Phone #

Email Address

Employment
Status:

Relationship to
student(s):

Occupation:

Employer:

SECTION 2: Student & School Information

Complete this section for **ALL** children in the household attending a tuition-charging PK-12 school. The grade level entered should be for the upcoming 2023-2024 school year

Child's Name	_____	_____	
Last	_____	First	_____
Date of Birth	_____	Annual Tuition:	\$ _____
Grade Entering: (Fall 2023)	_____	How much do you and/or spouse currently pay toward this child's tuition annually?	\$ _____
School Attending Fall 2023 _____			
Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce or paternity proceeding. <u>(Please attach education portion of</u> _____ \$ _____ <u>divorce/separation agreement, if no agreement both parents need to apply, non married parents both need to submit financial information)</u>			

Child's Name	_____	_____	
Last	_____	First	_____
Date of Birth	_____	Annual Tuition:	\$ _____
Grade Entering: (Fall 2023)	_____	How much do you and/or spouse currently pay toward this child's tuition annually?	\$ _____
School Attending Fall 2023 _____			
Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce or paternity proceeding. <u>(Please attach education portion of</u> _____ \$ _____ <u>divorce/separation agreement, if no agreement both parents need to apply, non married parents both need to submit financial information)</u>			

Child's Name	_____	_____	
Last	_____	First	_____
Date of Birth	_____	Annual Tuition:	\$ _____
Grade Entering: (Fall 2023)	_____	How much do you and/or spouse currently pay toward this child's tuition annually?	\$ _____
School Attending Fall 2023 _____			
Annual tuition support required from this child's noncustodial parent as a result of legal separation, divorce or paternity proceeding. <u>(Please attach education portion of</u> _____ \$ _____ <u>divorce/separation agreement, if no agreement both parents need to apply, non married parents both need to submit financial information)</u>			

Section 3: Applicant & Co-Applicant Income Information

1. Size of household: Number of adults living in household: Number of children living in household:
2. Do you file a federal income tax return? Yes No
3. Does the co-applicant file a federal income tax return? Yes, files jointly Yes, files separately from applicant
 No, does not file

Taxable Income:

If none, enter "0"

4. Please list the "Adjusted Gross Income" from the applicant's most recent federal tax return.....
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
6. Do you own any of the following?
- | | | | |
|----|---|------------------------------|-----------------------------|
| a. | Business - Attach Schedule C or C-EZ (Form 1040) and Form 4562 Depreciation & Amortization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Farm- Attach Schedule F (Form 1040) and Form 4562 Depreciation & Amortization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. | Rental Property - Attach Schedule E (Form 1040) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. | S- Corporation - Attach Schedule E (Form 1040), Form 1120S (4 pages), Schedule K-1, Form 8825 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. | Partnership - Attach Schedule E (Form 1040), Form 1065 (5 pages), Schedule K-1, Form 8825 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. | Estates and Trusts - Attach Schedule E (Form 1040), Form 1041 and Schedule K-1 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Nontaxable Income:

Select how income is received.

If none, enter "0"

- | | | | | | |
|-----|--|---------------------------------|----------------------------------|-----------------------------------|----|
| 7. | Child Support/Alimony Received:
(Documentation is required) | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Annually | \$ |
| 8. | Social Security benefits received that were not taxed, such as SSI..... | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Annually | \$ |
| 9. | Temporary Assistance for Needy Families(TANF) | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Annually | \$ |
| 10. | Welfare and/or Aid for Families with Dependent Children(AFDC/ADC)..... | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Annually | \$ |
| 11. | Food Stamps..... | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Annually | \$ |
| 12. | Tuition support anticipated from friends/family/ employer..... | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Annually | \$ |
| 13. | Workers' Compensation..... | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Annually | \$ |
| 14. | Other nontaxable income | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Annually | \$ |

Change of Income:

15. Do you anticipate a decrease in your 2023 household income?..... Yes No
- If yes, complete the following questions:
- 15a. What do you anticipate your income to be for the coming year?..... \$ _____
- 15b. What do you anticipate your spouse's income to be for the coming year?..... \$ _____
- 15c. Please explain below why your income will be reduced in the coming year.

Section 4: Applicant & Co-Applicant Expense Information

Current MONTHLY Expenses:

1.	Do you rent or own your primary residence?.....	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Other
2.	Monthly rent or mortgage payment. (Include principal, interest, taxes and home insurance).....	\$ _____		
3.	Do you own a second home (not including rental property) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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.	Monthly child support payments. (Applies only to the parent or guardian paying child support. Documentation required.).....	\$ _____		
6.	Monthly health insurance premiums paid directly to the insurance company. (Do NOT include premiums paid through your employer via payroll deductions or premiums that are deducted on your tax return as self-employed health insurance deductions.).....	\$ _____		
7.	Total annual out-of-pocket medical expenses not paid by insurance.....	\$ _____		
8.	Child/Day Care Expenses: (Do not include preschool/prekindergarten expenses. This should be indicated in Section 2.)			
8a.	Number of children for whom you pay child/daycare expenses beginning in the Fall of 2023.....	_____		
8b.	Total amount of child/daycare expenses this year.....	\$ _____		

Section 5: Applicant & Co-Applicant Assets and Liabilities

1.	Value of cash, savings, and/or checking accounts.....			\$ _____
2.	Value of stock, bond, investments, mutual funds, and/or certificate of deposit..			\$ _____
3.	Value of 529 Plan.....			\$ _____
4.	Value of retirement plan assets - 401(k), 403(b), and/or IRAs.....			\$ _____
5.	What is your and/or your spouse's annual contribution to retirement plan assets?.....			\$ _____
6.	If you own your home, the estimated value.....			\$ _____
7.	If you own your home, the amount you owe.....			\$ _____
8.	If you own your home, how much did it cost.....			\$ _____
9.	If you own a second home, the estimated value..... (Please provide address of second home)			\$ _____
10.	If you own a second home, the amount you owe.....			\$ _____

Section 5: Special Circumstances

Please provide a brief description of any significant changes in income, expenses or financial condition expected during 2023, or any other information you would like us to consider when determining aid. Attach additional sheets if necessary.

Section 6: Required Information & Authorization

Payment of the nonrefundable application fee must be received in order to process your application. Failure to submit payment with your application could result in you not receiving financial aid. Applications received without a signature will not be processed.

Payment

I. Nonrefundable Application Fee..... \$30.00

II. Authorization:

I (we) certify that the information on this form and all attachments is complete and accurate to the best of my (our) knowledge.

Applicant Signature (applicant)

Date

Applicant Signature (co-applicant)

Date

Christian Brothers Academy Financial Aid Checklist

- Payment of the \$30.00 nonrefundable application fee.
- Signature required. Applications submitted without a signature will not be processed.
- Copy of **complete** 2021 (all pages) IRS Federal Form 1040, 1040A or 1040-EZ U.S. Individual Income Tax Return, including all supporting tax schedules. Copies of New York State Income Tax return. If applicant and co-applicant file separately, we require both tax returns for the same year.
- Copies of all 2022 W-2 Wage and Tax Statements for both you and your spouse. If you don't have a W2, please submit final pay stub from 2022 which includes a yearly total.
- Copies of **ALL** supporting tax schedules if you have income from:
 - Business - Attach Schedule C or C-EZ (Form 1040) and Form 4562 Depreciation and Amortization
 - Farm- Attach Schedule F (Form 1040) and Form 4562 Depreciation and Amortization
 - Rental Property- Attach Schedule E (Form 1040)
 - S-Corporation - Attach Schedule E (Form 1040), Form 1120S (4 pages), Schedule K-1 and Form 8825
 - Partnership - Attach Schedule E (Form 1040), Form 1065 (5 pages), Schedule K-1 and Form 8825
 - Estates and Trusts- Attach Schedule E (Form 1040), Form 1041 and Schedule K-1

*IMPORTANT: If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your 2022 Federal Tax Return.

- Copies of all supporting documentation for household Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF). Copies of any divorce or separation agreements regarding education, child support and alimony. **(If no agreement, both parents will need to apply, non married parents both need to submit financial information)**

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