

**BLESSED SACRAMENT SCHOOL ADVANCEMENT FOUNDATION**  
**SCHOLARSHIP APPLICATION**  
**APPLICATION DUE BY FRIDAY OCTOBER 13,2017**

**Section 1: Applicant & Co-Applicant Information**

**1. APPLICANT INFORMATION: Parent or Guardian**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_  
Date of Birth Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
Mailing Address  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_  
Current Marital Status Married Single Divorced Separated Widowed  
(If married co-applicant information is required)

Employment Full Time \_\_\_\_\_ Unemployed \_\_\_\_\_  
Part Time (less than 30 hrs. per week) \_\_\_\_\_ Disabled \_\_\_\_\_  
Stay at Home \_\_\_\_\_ Retired \_\_\_\_\_  
Self Employed \_\_\_\_\_ Student \_\_\_\_\_

Relationship to Student Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_  
Mother \_\_\_\_\_ Grandfather \_\_\_\_\_  
Stepfather \_\_\_\_\_ Grandmother \_\_\_\_\_  
Stepmother \_\_\_\_\_ Other \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

**2 CO-APPLICANT INFORMATION: Parent or Guardian**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_  
Date of Birth Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
Mailing Address  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_  
Current Marital Status Married Single Divorced Separated Widowed  
(If married co-applicant information is required)

Employment Full Time \_\_\_\_\_ Unemployed \_\_\_\_\_  
Part Time (less than 30 hrs. per week) \_\_\_\_\_ Disabled \_\_\_\_\_  
Stay at Home \_\_\_\_\_ Retired \_\_\_\_\_  
Self Employed \_\_\_\_\_ Student \_\_\_\_\_

Relationship to Student Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_  
Mother \_\_\_\_\_ Grandfather \_\_\_\_\_  
Stepfather \_\_\_\_\_ Grandmother \_\_\_\_\_  
Stepmother \_\_\_\_\_ Other \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

**SECTION 2: APPLICANT & CO-APPLICANT INCOME INFORMATION**

1. Size of household:     Number of adults living in this household  
                                     Number of children living in this household
2. Do you file a federal income tax return                             Yes                         No
3. Does the co-applicant file a federal tax return                     Yes                         No

**TAXABLE INCOME:**

4. Please list the "Adjusted Gross Income" from the applicants 2016 federal tax return.
5. Please list the "Adjusted Gross Income" from the co-applicants 2016 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 and Amortization
  - b) Farm- Attach Schedule F (Form 1040) and Form 4562 Depreciation and Amortization
  - c) Rental Property - Attach Schedule E (Form 1040)
- \* **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 2016 federal tax return**

**NONTAXABLE INCOME:**

- |   |                 |
|---|-----------------|
| 7. Child support received   | Monthly Amount: |
| 8. Social Security benefits that were not taxed, such as SSI  | Monthly Amount: |
| 9. Temporary Assistance for Need Families (TANF)  | Monthly Amount  |
| 10. Welfare and/or Aid for families with dependent children (AFDC/ADC)  | Monthly Amount  |
| 11. Food Stamps   | Monthly Amount  |
| 12. Tuition support anticipated from friends/relatives  | Annual Amount   |
| 13. Workers Compensation  | Monthly Amount  |
| 14. Other nontaxable income (i.e. Clergy/Pastoral/Military Housing Allowance, Foster Care Allowance, VA Benefits) | Monthly Amount  |
| 15. Unemployment  | Monthly Amount  |

**CHANGE OF INCOME:**

16. Do you anticipate a decrease in your salary for 2017                     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 spouses income to be for the coming year
  - 15c The reason your income will be reduced for the coming year

**SECTION 3: APPLICANT & CO-APPLICANT EXPENSE INFORMATION****CURRENT MONTHLY EXPENSES:**

- |   |                 |     |
|---|-----------------|-----|
| 1. Do you rent or own your primary residence  | Rent            | Own |
| 2. Monthly rent or mortgage payment (Include principal, interest taxes, and home insurance)   | Amount          |     |
| 3. Do you own a second home (not including rental property)   | Yes             | No  |
| 3a If yes, what is the monthly mortgage payment on your second home (include principal, interest taxes and home insurance)  | Amount          |     |
| 4. Monthly home equity loan payment   | Amount          |     |
| 5. Vehicle Information: Complete for each vehicle leased or owned, including any vehicle that does not have a monthly payment. (If more than 3 vehicles, photocopy form and insert)   |                 |     |
| Vehicle #1 Make/Model   | Monthly Payment |     |
| Vehicle #2 Make/Model   | Monthly Payment |     |
| Vehicle #3 Make/Model   | Monthly Payment |     |
| 6. Total credit card Debt (do not include balances that are paid in full each month)  | Monthly Amount  |     |
| 7. Total of all minimum amt due on monthly credit card statements   | Amount Due      |     |
| 8. Monthly student loan payments  | Monthly Amount  |     |
| 9. Do you have other monthly loan payments (Do not include cell phone, utilities or other living expense) If yes please list below (If additional space is required, photocopy form and insert)   |                 |     |
| Loan #1   | Monthly Payment |     |
| Loan #2   | Monthly Payment |     |
| Loan #3   | Monthly Payment |     |
| 10. Monthly child support payments (Applies only to the parent or guardian paying child support. Do not include child support received)   | Monthly Payment |     |
| 11. 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. | Monthly Payment |     |

**CURRENT ANNUAL EXPENSES:**

- |   |                |
|---|----------------|
| 12. Annual vehicle insurance expense  | Annual Payment |
| 13. Charitable contributions  | Annual Amount  |
| 14. High School Tuition Expense   | Annual Amount  |
| 15. College Tuition Expense (total amount of your family's out of pocket cost for college expected this school year. (Total tuition less student loan proceeds, scholarships, grants & financial aid, and contributions expected from student earnings) | Annual Amount  |
| 16. Child/Day Care Expenses   | Annual Amount  |
| 17. Elder Care Expenses   | Annual Amount  |

**SECTION 4: Applicant & Co-Applicant Assets and Liabilities**

- |  |             |
|--|-------------|
| 1. Value of cash, savings and/or checking accounts                                   | Value       |
| 2. If you own your home, the estimated value   | Value       |
| 3. If you own your home, the amount you owe  | Amount Owed |
| 4. If you own a second home, the estimated value<br>(Do not include rental property) | Value       |
| 5. If you own a second home, the amount you owe                                      | Amount Owed |

Applicant Signature (applicant)

Month/Day/Year

Applicant Signature (co-applicant)

Month/Day/Year

**BLESSED SACRAMENT SCHOOL ADVANCEMENT FOUNDATION  
SCHOLARSHIP APPLICATION CHECK LIST APPLICATION  
DUE BY FRIDAY OCTOBER 13, 2017**

1. Signature required on your completed application
2. Copy of 2016 IRS Federal Form 1040, 1041A or 1040EZ U.S. Individual Income Tax Return  
If applicant and co-applicant file separately, we require both tax returns for the same tax year  
We do NOT accept State tax returns
3. Copies of 2016 W-2 Wage & Tax Statements for both you and your spouse
4. Copies of support tax schedule if you have income from:  
Business: Attach Schedule C or C-EZ (Form 1040) and Form 4562 Depreciation & Amortization  
Farm: Attach Schedule F (Form 1040) and Form 4562 Depreciation and Amortization  
Rental Property: Attach Schedule E (Form 1040)

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 2016 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)