



## 2007-2008 FAMILY TUITION PLAN APPLICATION

Made possible through a partnership between *Embracing Our Future* and the Mississippi Valley STO

Last Name: \_\_\_\_\_ Parents' First Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

Are you a supporting member of a local parish?    Yes    No    If yes, which parish? \_\_\_\_\_

Children attending Scott County Catholic schools in 2007-08:

Student Name \_\_\_\_\_ School \_\_\_\_\_ 2007-08 Grade \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_ 2007-08 Grade \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_ 2007-08 Grade \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_ 2007-08 Grade \_\_\_\_\_

**Please enclose a copy of your 2006 Iowa (IA1040) INDIVIDUAL INCOME TAX FORM.** If the number of dependents living in your home is not the number shown on your tax return, please explain on the back of this form. Also, please list any special circumstances we should be aware of, including any substantial differences between the income reported on your 2006 tax return and the amount you expect to report for 2007.

Please list below the **monthly** amount of income you are receiving that is not reported on your tax return such as public aid, food stamps, child support, parents or other family or non-family member support, etc.

Alimony	\$ _____	Dependent Social Security	\$ _____	Food Stamps	\$ _____
Disability	\$ _____	Disability Social Security	\$ _____	Child Support	\$ _____
Pension	\$ _____	Help from Family/Non-Family	\$ _____	Other Non-Taxable Income	\$ _____

If you are not required to file taxes, please list your **household's monthly** income from all sources, including wages and other earned income as well as all examples listed in the paragraph above, on the back of this form. Please provide verification of these amounts when possible.

I request tuition assistance for my biological or adopted child/ren or ward(s) listed in this application. I understand that some grants provided through the Family Tuition Plan must meet income criteria established by the State of Iowa. I verify that the tax return accompanying this form is a true copy of the form that I have submitted to the Department of Revenue.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*The information included in this application will be kept in strictest confidence. You will be mailed notification of the results of your application within six weeks. Please remember to reapply each year to the Family Tuition Plan.*

**Please mail to P.O. Box 1597, Davenport, IA 52809-1597**