

SCHAEFFER ACADEMY SCHOLARSHIP PROGRAM

2017-18 SCHOLARSHIP APPLICATION

Important Note:

Please read and complete all sections carefully. Only applications with complete information and supporting documentation will be considered. Additional information and documentation may be requested by the Scholarship Committee.

Second Household: If the student has custodial parents at different addresses, BOTH custodial parents need to complete a scholarship application and provide the required supporting documentation which may be submitted separately. The parent/guardian at the same address as the student is designated by the school to as the PRIMARY household scholarship application. The parent/guardian at a different address than the student has been designated as the SECONDARY household scholarship application.

- This application is a:
- Primary and only household
 - Primary household (parent/guardian at the same address as the student)
 - Secondary household (parent/guardian at a different address than the student)

The following documentation is required and must accompany the application to be eligible for a scholarship:

1. Copy of the 2016 federal income tax return (This must be a **complete copy** of the “federal” return including **all schedules**. You do not need to include the state return.).
2. Copy of all W’2’s
3. Copy of all 1099’s, if applicable
4. Copy of a recent paystub from each employer. (No substitutions)
5. Please paperclip the documentation. (Do not staple!) **Copies only; do not leave original forms.**

(Important Note: Only applications that are complete and include all requested information will be considered.)

GENERAL INFORMATION

Parent/Guardian #1:

	First	Middle	Last
Address:	_____	_____	_____
	Street	City	State Zip
Telephone:	() _____	() _____	
	Home	Work	
Employer:	_____	_____	_____
	Name	Location (City/State)	Occupation # of years
Full-Time: _____	Part-Time: _____	Average # of hours per week: _____	
Marital Status: _____ Married _____ Widowed _____ Separated _____ Divorced _____ Single			

Parent/Guardian #2 (if applicable):

	First	Middle	Last
Address:	_____	_____	_____
	Street	City	State Zip
Telephone:	() _____	() _____	
	Home	Work	
Employer:	_____	_____	_____
	Name	Location (City/State)	Occupation # of years
Full-Time: _____	Part-Time: _____	Average # of hours per week: _____	
Marital Status: _____ Married _____ Widowed _____ Separated _____ Divorced _____ Single			

Dependents: Number of children in family household: _____ Number of children enrolled at Schaeffer: _____
 List all children in the household:

Name (Last, First)	Age	Grade	School (if school age)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you support any other dependent(s) not living in the household? _____ If yes, please list:

_____	_____	_____	_____
_____	_____	_____	_____

Why have you chosen to enroll your child(ren) at Schaeffer Academy?

What are your educational plans at Schaeffer Academy for your child(ren)? (check all that apply)

_____ Elementary _____ Middle School (grades 7-8) _____ High School (grades 9-12)
 _____ Other (explain): _____

STUDENT APPLICANT INFORMATION

New Families:

New students must be enrolled at Schaeffer Academy for the 2017-18 school year to be eligible for scholarship.

Current Families:

A student applicant of any current 2016-17 Schaeffer family must have been enrolled continuously at Schaeffer for at least one full school year and must be enrolled for the 2017-18 school year to be considered for scholarship.

Our family is a:

current Schaeffer family, or new family enrolled at Schaeffer Academy for the 2017-18 school year

I/WE hereby make application for the following student(s):

_____	_____	entering grade _____
Student Name (First, Middle, Last)	_____	(2017-18 school year)
_____	_____	entering grade _____
Student Name (First, Middle, Last)	_____	(2017-18 school year)
_____	_____	entering grade _____
Student Name (First, Middle, Last)	_____	(2017-18 school year)
_____	_____	entering grade _____
Student Name (First, Middle, Last)	_____	(2017-18 school year)
_____	_____	entering grade _____
Student Name (First, Middle, Last)	_____	(2017-18 school year)

SERVICE HISTORY AND INFORMATION

Household Service History:

What kind of volunteer service are you willing to contribute to the Academy during the school year?

Family service history at Schaeffer Academy for current and past year (*current Schaeffer families only*):

FINANCIAL INFORMATION SECTION

Financial - Part 1:

Financial assistance to qualified families is provided in the form of need-based, partial (cost-share) tuition payments for students enrolled at Schaeffer Academy. The family must identify and demonstrate a significant need for financial assistance. Explain your family’s financial need (required): *You may use a separate sheet if needed.*

The 2017-18 tuition per student is **\$4,300** for Late-Start Kindergarten and **\$7,975** for grades Kindergarten-All Day-12. List your total tuition obligation of all students for the 2017-18 school year: \$_____

Understanding that a scholarship and an amount is not guaranteed and can even change from year-to-year, can you state what amount and/or percentage of the total tuition is needed or most helpful to you for the 2017-18 school year if you were awarded a scholarship? \$_____ %_____

Will a portion or all of your tuition be paid by **any** other party (for example: spouse, ex- or non-custodial spouse, grandparent, other relative, friend, etc.) directly to either you or the school?

Yes_____ No_____ If yes, amount paid by others: \$_____ by_____

Financial - Part 2:

INCOME:

Current **“Annual”** Gross Income (before federal and state taxes)

\$_____ Parent #1 _____ Gross Income Monthly

\$_____ Parent #2 _____ Gross Income Monthly

\$_____ Current or expected financial gifts for this year. List all:_____

\$_____ Child support, AFDC, food stamps, social security, housing allowance, etc. List all:_____

\$_____ Other taxable and non-taxable income received. List all:_____

2016 Income (per 2016 federal income tax return):

\$_____ **“Adjusted”** gross income

\$_____ 2016-17 Financial gifts and scholarships. List all:_____

\$_____ Child support, AFDC, food stamps, social security, housing allowance, etc. List all:_____

\$_____ Other taxable and non-taxable income received. List all:_____

EXPENSES (Monthly) :

\$_____ Rent payment (if applicable)

\$_____ Mortgage _____ Does this include taxes and insurance? Yes_____ No_____ If not, please list your annual taxes and insurance:

\$_____ 2nd mortgage payment

\$_____ Car payment \$_____ Car payment \$_____ Car payment

\$_____ Installment loan \$_____ Installment Loan \$_____ Installment Loan

\$_____ Loan (Other) \$_____ Loan (Other) \$_____ Loan (Other)

\$ _____ Credit card(s) payment (list total monthly payment for all accounts) Total Card(s) Balance \$ _____
 \$ _____ Child Care
 \$ _____ Child Support or Alimony
 \$ _____ Other (Describe: _____)

Expenses (enter any extra, unexpected or irregular expenses that influence your present financial situation):

\$ _____ Explain: _____
 \$ _____ Explain: _____
 \$ _____ Explain: _____

ASSETS: (Enter total value of assets listed):

\$ _____ Checking, savings, cash
 \$ _____ Stock, bonds, and security investments (non-retirement accounts)
 \$ _____ 401K, IRA's, 457, SEP, SIMPLE (retirement accounts)
 \$ _____ Roth IRA's
 \$ _____ Home, market value (Year purchased: _____ Purchase Price: \$ _____)
 \$ _____ All other real estate, market value (farm, rental property, second home, land, etc.)
 \$ _____ Business, partnership and trusts, equity value

\$ _____ Yearly contribution to self-managed retirement account (IRA, SEP, ROTH, etc.)
 \$ _____ Yearly contribution to company-managed retirement account (401K, 403B, pension, etc.)

Other assets (vehicles):

\$ _____
 (Make, & Year)
 \$ _____
 (Make, & Year)
 \$ _____
 (Make, & Year)

Other assets (boats, recreational vehicles, motorhomes, campers, etc.):

\$ _____ (Type, Make, & Year)
 \$ _____ (Type, Make, & Year)
 \$ _____ Type, Make, & Year

OTHER INFORMATION

List any other special circumstances or conditions that influence your present situation. You may use a separate sheet if needed: _____

Please answer the following questions if you are a current family of Schaeffer Academy:

Are you participating in the Schaeffer Academy Scrip Program? _____ Yes _____ No
 Have you previously applied to the Schaeffer Academy Scholarship Program? _____ Yes _____ No

APPLICATION CERTIFICATION

I certify that all statements entered on this application form are true. I understand that the Scholarship Committee may withdraw or discontinue an award for information it finds to be altered or untrue. I also understand that this information is confidential and will be used by the Scholarship Committee only for evaluating applications and awarding scholarships.

Signature: _____ Date: _____
 Parent/Guardian #1 Signature

Signature: _____ Date: _____
 Parent/Guardian #2 Signature

APPLICATION SUBMISSION AND DEADLINE

Please submit your application and supporting documentation in a sealed envelope marked to **Attention: Jill Wirth, Administrator/Registrar**. All scholarship applications and required information must be submitted to Jill Wirth **no later than 12:00 noon on Friday, April 28, 2017.**