

# 2010-2011 Free Financial Aid Application

Office Use Only

Please read section 8 before mailing this form. All sections must be completed, section 7 must be signed and dated, and the first two pages of your 2009 tax return must be enclosed or this application will not be processed.

## 1 Applicant Information

- Enter your full name (first name, middle initial, last name) in this section. Do not list yourself in section 2.
- Enter the street address (including apartment number) of your place of residence.
- Do not enter a post office box or the address of any property other than your primary residence.

|        |                      |            |   |
|--------|----------------------|------------|---|
| Name   | <input type="text"/> | Work Phone | ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Street | <input type="text"/> | Home Phone | ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| City   | <input type="text"/> | State      | <input type="text"/> <input type="text"/>   |
|        |                      | Zip Code   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |
|        |                      | Cell Phone | ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

## 2 Adults in Household

- Enter the full name of every adult who lived with you on December 31, 2009. Do not list yourself.
- Include your spouse, older relatives, and all other adults who occupied your place of residence.
- Every member of your household on December 31, 2009, must be included in sections 1, 2, or 3.

|      |                      |                           |                      |
|------|----------------------|---------------------------|----------------------|
| Name | <input type="text"/> | Relationship to Applicant | <input type="text"/> |
| Name | <input type="text"/> | Relationship to Applicant | <input type="text"/> |

## 3 Children in Household

- Enter the full name and birth date of every child who lived with you on December 31, 2009.
- Include all children regardless of age, legal relationship, or status as a dependent for income tax purposes.
- For each student, enter the grade level for 2010-2011 and the names of schools attended or attending.

|            |   |                  |                      |
|------------|---|------------------|----------------------|
| Name       | <input type="text"/>  | 2009-2010 School | <input type="text"/> |
| Birth Date | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 2010-2011 School | <input type="text"/> |
|            | Grade Level   |                  | <input type="text"/> |
| Name       | <input type="text"/>  | 2009-2010 School | <input type="text"/> |
| Birth Date | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 2010-2011 School | <input type="text"/> |
|            | Grade Level   |                  | <input type="text"/> |
| Name       | <input type="text"/>  | 2009-2010 School | <input type="text"/> |
| Birth Date | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 2010-2011 School | <input type="text"/> |
|            | Grade Level   |                  | <input type="text"/> |
| Name       | <input type="text"/>  | 2009-2010 School | <input type="text"/> |
| Birth Date | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 2010-2011 School | <input type="text"/> |
|            | Grade Level   |                  | <input type="text"/> |

## 4 Financial Responsibility

- Indicate on line (a) the amount of tuition your household can afford to pay for the 2010-2011 school year.
- In a joint custody arrangement, you may be responsible for less than all of your children's tuition.
- Indicate on line (b) below the portion of total tuition for which your household is responsible.

(a) For the 2010-2011 year, how much tuition can your household afford to pay for all students in grades K-12? \$ .00

(b) For what percentage of your children's 2010-2011 tuition are you or other members of your household responsible?  %

# 2010-2011 Free Financial Aid Application

**Mailing Address**  
 STO of Southeast Iowa  
 PO Box 1341  
 Clinton, IA 52733-1341

Please read section 8 before mailing this form. All sections must be completed, section 7 must be signed and dated, and the first two pages of your 2009 tax return must be enclosed or this application will not be processed.

## 5 Untaxed Income

- All household income, whether taxable or nontaxable and regardless of source, must be disclosed.
- Report on the appropriate lines below all 2009 household income not reported on an enclosed tax return.
- Report the total amount received during the 2009 year for each line item. Do not enter monthly amounts.

|   |    |                      |                      |                      |                      |                      |                      |     |  |    |                      |                      |                      |                      |                      |                      |                      |     |
|---|----|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----|--|----|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----|
| Child Support Received for All Children | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | Supplemental Security Income (SSI/SSD) | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| Housing Assistance (HUD, Section 8)     | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | Veterans Benefits and Combat Pay       | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| Public Aid (Food Stamps, TANF, Welfare) | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | Workers Comp and Disability Benefits   | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |
| Social Security Benefits of Dependents  | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 | All Other Unreported Household Income  | \$ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | .00 |

## 6 Additional Information

- Use this section to explain any unusual circumstances that may affect your household or financial situation.
- This information will not be used for STO purposes; your school may use it in granting other financial aid.
- You may also use this section to list additional persons whose information will not fit in sections 2 or 3.

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## 7 Certification & Signature

- You certify that, to the best of your knowledge and belief, this application is true, correct, and complete.
- You certify that you have included true copies of all 2009 income tax returns filed by household members.
- You certify that you have disclosed all income received from any source by all members of your household.

Applicant Signature   Date  /  /

## 8 Please Read Before Filing

- Have you completed all sections of this application? Incomplete applications will not be processed.
- Have you enclosed the first two pages of all tax returns filed by members of your household for 2009?
- Have you signed and dated this application in section 7 above? Unsigned applications will be returned.

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**Household Definition:** The term "household" refers to all individuals who live in the same dwelling, regardless of age, legal relationship, or dependency status. Your "household" may or may not include the same persons as your "family." This financial aid application covers everyone who lived with you on December 31, 2009.

**Due Date:** Applications filed by April 15, 2010, will receive priority consideration for 2010-2011 STO funding. Applications filed after April 15, 2010, will receive STO consideration only if additional funds are available. Your school may use this form for purposes of providing other financial assistance and may impose a different filing deadline; check with your school's financial aid office for details.

**Tax Returns:** Only the first two pages of your 2009 federal tax returns are required. Do not submit additional schedules or attachments. Do not submit state income tax returns. Do not submit draft copies of your returns; copies of the actual returns are required.

**Filing Instructions:** Send this completed application, along with copies of your tax returns, to the address shown in the box at the top of this page. If you prefer, you may fax this application and your tax returns to (563) 244-9977. There is no fee to submit this application.

**Questions:** If you have questions or need assistance in completing this application, you should contact your school's financial aid office.