

Trinity Lutheran School Financial Aid Information Form

General Information

Applicant Name: _____ Employer: _____
Occupation: _____

Co-Applicant Name: _____ Employer: _____
Occupation: _____

Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email: _____

Current Income			
Gross Income from 1040 or (A):	\$	_____	
Gross Monthly Income:	\$	_____	Alimony/Child Support: \$ _____
Net Take Home Pay:	\$	_____	Annuity/Pension Income: \$ _____
Bonus, Commission:	\$	_____	Other Income: \$ _____
Rental Income:	\$	_____	Last Year's Tax Refund: \$ _____
Interest, Dividends:	\$	_____	
			Total Net Monthly Income: \$ _____

Expenses (Monthly Breakdown)			
Food:	\$	_____	Cell Phone: \$ _____
Rent:	\$	_____	Internet: \$ _____
Mortgage (1st):	\$	_____	Gym Membership: \$ _____
Mortgage (2nd):	\$	_____	Newspaper/Magazine: \$ _____
Auto Gas & Maintenance:	\$	_____	Gifts/Holidays: \$ _____
Auto Insurance:	\$	_____	Tithe/Charity: \$ _____
Auto Loan:	\$	_____	Clothes: \$ _____
Auto Loan:	\$	_____	Entertainment: \$ _____
Credit Card:	\$	_____	Monthly Education: \$ _____
Credit Card:	\$	_____	Monthly Savings: \$ _____
Credit Card:	\$	_____	Rental Mortgage: \$ _____
Property Ins./Taxes	\$	_____	Student Loan: \$ _____
Utilities (Gas & Electric):	\$	_____	Other: \$ _____
Utilities (Cable):	\$	_____	Other: \$ _____
Utilities (Phone):	\$	_____	Other: \$ _____
Utilities (Water):	\$	_____	Other: \$ _____
			Total: \$ _____

Please indicate the amount of tuition that you feel your family can pay on a monthly basis _____

Please attach a copy of your latest tax return 1040 or 1040A and your last two pay stubs from every employer