



## Grant & Aid - Application Form

APPLICATION PREVIEW  
2019-2020

- 1 Schools
- 2 Applicant
- 3 Students
- 4 Taxable Income
- 5 Nontaxable Income
- 6 Change of Income
- 7 Monthly Expenses
- 8 Annual Expenses
- 9 Assets & Liabilities
- 10 Additional Questions
- 11 Review
- 12 Payment Details

### Schools

Please list all schools and organizations where you would like to apply for financial aid or will pay tuition in the 2019-2020 school year.

Saint Timothy Catholic School  
Chantilly, VA 20151

### Organizations

Arlington Diocese (required) [?](#)  
Organization associated with Saint Timothy Catholic School

[+ Add School / Organization](#)

[Save & Continue](#)

[Save & Exit](#)

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Find and select all schools where you would like to apply for financial aid. Click Add School/Organization to add school(s).

Save & Continue or Save & Exit

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### Applicant

Required fields are marked with \*

Prefix

\* First

Middle

\* Last

Suffix

\* Address Line 1

Address Line 2

\* City

\* State

\* Zip Code

County of Residence

\* Country

Daytime Phone

Ext

Evening Phone


  

Ext

Cell Phone

E-Mail Address

Social Security Number 

\* Date of Birth

\* Marital Status

\* Relationship to Student(s)

\* Employment Status

\* Religious Affiliation

\* Do you have a Co-Applicant? 

- Yes
- No

If applicant does not have a Social Security number, enter a unique 9-digit number and make note of this number, it may be needed for access to the account.

Suggested: 1st three # of street address - 2 digit birth month - 4 digit birth year.

EX: 123-01-1960 (address 1234 Main, birthdate 01/01/1960)

Enter information in all fields marked with \*.

If applicant has someone who will also be financially responsible for tuition, check YES for co-applicant and enter their information on the next screen.

Save & Continue or Save & Exit

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### Co-Applicant

Required fields are marked with \*

Prefix

\* First

Middle

\* Last

Suffix

\* Social Security Number ?

\* Date of Birth

\* Relationship to Student(s)

\* Employment Status

\* Religious Affiliation

If co-applicant does not have a Social Security number, enter a unique 9-digit number, and make note of this number, it may be needed for access to the account.

Suggested: 1st three # of street address - 2 digit birth month - 4 digit birth year.

EX: 123-01-1960 (address 1234 Main, birthdate 01/01/1960)

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### Students

Required fields are marked with \*

▼ Preview Student
Delete

St Ambrose School

\* First

Middle

\* Last

\* Social Security Number

\* Date of Birth

Gender  
 Female  
 Male

Ethnicity

\* Religious Affiliation

**Schools**  
 Please select the school(s) and organization(s) where Preview would like to apply or attend in the 2018-2019 school year.

St Ambrose School

\* Grade

\* Tuition

**Organizations**  
 First Choice is the school your student will attend or would most like to attend associated with the organization.

Arlington Diocese  
 First Choice St Ambrose School

[+ Add New School](#)

\* How much of this child's tuition can you and/or the co-applicant pay?  
 per year

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce or paternity proceeding. Do not include child support payments.

If student does not have a Social Security number, enter a unique 9-digit number and make note of this number, it may be needed for access to the account.  
Suggested: 1st three # of street address - 2 digit birth month - 4 digit birth year.  
 EX: 123-01-1960 (address 1234 Main, birthdate 01/01/1960)

Enter information in all fields marked with \*.

If applying to more than one school, click Add New School for each student.

Save & Continue or Save & Exit

[+ Add New Student](#)

[Previous](#) [Save & Continue](#) [Save & Exit](#)

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### Additional Student Questions

Required fields are marked with \*

#### Mary Doe - Arlington Diocese Additional Questions

\* Is this student transferring from a public or out-of-state school?

Select...

#### Michael Doe - Arlington Diocese Additional Questions

\* Is this student transferring from a public or out-of-state school?

Select...

[Previous](#)

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### Taxable Income

Required fields are marked with \*

#### Household

\* Number of adults living in this household? 

Select... 

\* Number of children living in this household?

Select... 

Enter only number of adults in household **NOT total number of people** (adults & children) in household.

#### Taxable Income

\* Do you file a federal income tax return?

Yes


No

Do you receive income reported on a W-2?

Yes

No

If applicant/co-applicant do not file taxes and do not receive a W-2 check NO and enter estimated income under Other Nontaxable Income on next screen.

\* Does the co-applicant file a federal income tax return? 

Yes - Jointly

Yes - Separately

No

Does the co-applicant receive income reported on a W-2?

Yes

No

Do you own any of the following?

Business

Rental Property

Partnership

Farm

S Corporation

Estates and Trusts

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### Nontaxable Income

Required fields are marked with \*

If you collect any nontaxable income, please select it below.

- Child Support
- Temporary assistance for needy families (TANF)
- Welfare
- Supplemental Nutrition Assistance Program (SNAP)
- Tuition support from friends/relatives/employers ?
- Workers' Compensation
- Housing Allowance (Military, Religious, Parsonage, etc.)
- Tax-Exempt Interest
- Other Nontaxable Income (e.g. Foster Care Allowance, VA Benefits, etc.) ?

If applicant/co-applicant checked NO on previous screen as they do not file taxes and do not receive a W-2, enter estimated income under Other Nontaxable Income and indicate if weekly, monthly, yearly, etc..

### Social Security ?

If household members collect nontaxable social security income, please select it below.

- Applicant Name
- Co-Applicant Name
- Preview Student
- Student Name
- Other Household Members

### Nontaxable Income

Required fields are marked with \*

If you collect any nontaxable income, please select it below.

- Child Support

\$1,200 per Month

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### Change of Income

Required fields are marked with \*

\* Do you anticipate a decrease in your annual income for 2018?

- Yes  
 No

What is your anticipated 2018 income?

What is the co-applicants anticipated 2018 income?

If decrease in income is anticipated for the upcoming year, enter the anticipated income amount. (This should be a lower amount than previously entered income.)

Select the reason(s) for your reduced income (Select all that apply)

	Applicant	Co-Applicant
Unemployment or expected to be unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Reduced hours	<input type="checkbox"/>	<input type="checkbox"/>
Reduced wages	<input type="checkbox"/>	<input type="checkbox"/>
Exiting the workforce	<input type="checkbox"/>	<input type="checkbox"/>
Legal separation or divorce	<input type="checkbox"/>	<input type="checkbox"/>
Plan to retire	<input type="checkbox"/>	<input type="checkbox"/>
Medical reasons	<input type="checkbox"/>	<input type="checkbox"/>
Death of a spouse	<input type="checkbox"/>	<input type="checkbox"/>
Increase in family size	<input type="checkbox"/>	<input type="checkbox"/>
Loss of alimony or spousal support	<input type="checkbox"/>	<input type="checkbox"/>
Military reasons	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>



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### Monthly Expenses

Required fields are marked with \*

\* Do you rent or own your primary residence? [?](#)

\* Monthly rent or mortgage payment (include principal, interest, taxes, and home insurance) [?](#)

\* Do you own a second home (not including rental property)? [?](#)

- Yes  
 No

\* Monthly home equity loan payments

If applicant does not own a primary or second home, enter \$0.

\* Add all vehicles leased or owned, including any vehicle that does not have a monthly payment. Please do not include insurance expense.

YEAR	MAKE/MODEL	MONTHLY PAYMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>

List ALL vehicles owned, enter \$0 if no car payment is due. Click Add New Vehicle to enter than one.

[+ Add New Vehicle](#)

### Credit Cards and Other Loans

\* Total Credit Card Debt [?](#)

\* Total of all minimum amounts due on monthly credit card statements [?](#)

\* Monthly student loan payments for family members no longer attending college [?](#)

\* Do you have other monthly loan payments (do not include cell phone, utilities, or other living expenses)? [?](#)

- Yes  
 No

\* Monthly child support payments [?](#)

List the amount applicant/co-applicant **PAY** in child support payments per month. **DO NOT INCLUDE ANY CHILD SUPPORT RECEIVED.**

\* Health insurance premiums paid per month

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### Annual Expenses

Required fields are marked with \*

\* Annual vehicle insurance expense

\* Total annual out-of-pocket medical expenses not paid by insurance

\* Charitable contributions - cash or checks per year

### College Expenses

\* Number of family members attending college beginning this fall

### Child/Day Care Expenses

\* Number of children for whom you pay child/day care expenses beginning this fall

\* Total amount of child/day care expenses expected this year

### Elder Care Expenses

\* Number of people for whom you pay elder care expenses

\* Total amount of elder care expenses expected this year

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### Assets and Liabilities

Required fields are marked with \*

\* Value of cash, savings, and/or checking accounts [?](#) Enter the current value (balance) of checking and/or saving account.

\* Value of stocks, bond investments, mutual funds, and/or certificates of deposit [?](#)

\* Value of your 529 plan accounts [?](#)

\* What is your expected contribution in 2018 to 529 plan accounts?

\* Value of retirement plan assets [?](#)

\* What is your and/or your spouse's annual contribution to retirement plan assets?

\* What is the estimated value of your home? [?](#)

Enter \$0 if applicant is renting their home.

\* What is the amount you owe for your home? [?](#)

\* What is the estimated value of your second home?

Enter \$0 if applicant does not own second home.

\* What is the amount you owe for your secondary home?

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### Additional Questions

Required fields are marked with \*

Use the space below to add any information or comments which you feel might be helpful in determining your family's qualification for tuition assistance

Enter any information that may be used to assess applicant's current financial need.

Complete any Additional Questions as required by the individual school.

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2018-2019

 Print

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### Review

Before submitting the form, please review and check if all the details have been captured correctly.

#### Schools

St Ambrose School

#### Organizations

Arlington Diocese

#### Applicant

Prefix:

First:

Middle:

Last:

Suffix:

Address Line 1: 123 Main Street

Address Line 2:

City: Anytown

State: Virginia

Zip Code: 12345

County:

Country: United States

Daytime Phone: 7031234567

Evening Phone: 7039876543

Cell Phone: 7035552345

E-Mail Address: jdoe@email.com

SSN: (Not Displayed)

Date of Birth: 12/31/1969

Marital Status:

Relationship to Student(s):

Employment Status:

Religious Affiliation:

#### Co-Applicant

Prefix:

First:

Middle:

Last:

Suffix:

Date of Birth: 12/31/1969

Relationship to Student(s):

Employment Status:

Religious Affiliation:

# Financial Aid Application Sample

## Students

### Mary Doe

Date of Birth: 6/15/2004

Gender: Female

Ethnicity: Caucasian

Religious Affiliation: Catholic

St Ambrose School

Grade: 4th

Tuition: Catholic Tuition 2018/2019

How much tuition can you pay: 500

Annual tuition support required from the non-custodial parent: 0

## Additional Student Questions

### Arlington Diocese Additional Questions

Is this student transferring from a public or out-of-state school?: Yes

## Taxable Income

### Household

Number of adults living in this household:

Number of children living in this household:

Do you file a federal income tax return:

Does the co-applicant file a federal income tax return:

Does the co-applicant receive income reported on a W-2:

### Taxable Income

Own Business: No

Own Rental Property: No

Own Partnership: No

Own Farm: No

Own S Corporation: No

Own Estates and Trusts: No

## Nontaxable Income

Child Support:

Temporary assistance for needy families (TANF):

Welfare:

Supplemental Nutrition Assistance Program (SNAP):

Tuition support from friends/relatives/employers:

Workers' Compensation:

Housing Allowance:

Tax-Exempt Interest:

Other Nontaxable Income:

Other Nontaxable Income - Description:

### Social Security

Applicant:  
Co-Applicant:  
Preview Student:  
Other Household Members:

### **Change of Income**

Do you anticipate a decrease in annual income:  
Applicant anticipated income:  
Co-Applicant anticipated income:

### **Monthly Expenses**

Do you rent or own your primary residence:  
Monthly rent or mortgage payment:  
Do you own a second home:  
Monthly home equity loan payments:

### Vehicles

Vehicle: 2004 Dodge Grand Caravan

### Credit Cards and Other Loans

Total Credit Card Debt:  
Total minimum due on monthly credit card statements:  
Monthly student loan payments for family members no longer attending college:  
Other monthly loan payments:  
Monthly child support payments:  
Health insurance premiums paid per month:

### **Annual Expenses**

Annual vehicle insurance expense:  
Total annual out-of-pocket medical expenses:  
Charitable contributions:  
Number of family members attending college beginning this fall:  
Number of children for whom you pay child/day care expenses beginning this fall:  
Number of people for whom you pay elder care expenses:

### **Assets & Liabilities**

Value of cash, savings, and/or checking accounts:  
Value of stocks, bond investments, mutual funds, and/or certificates of deposit:  
Value of 529 plan accounts:  
Expected contribution to 529 plan:  
Value of retirement plan assets:  
Annual contribution to retirement plan:

### **Additional Questions**

Additional Comments:

E-mail me when applications begin for the 2019-2020 school year

Review all information entered. To make any edits, click on the section listed to the left.

Click Save & Continue or Save & Exit

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### Payment Method

- Bank Account
- Credit / Debit Card

### Bank Account Details

All fields are required

Account Holder Name

Bank Name

Account Type

- Checking
- Savings

Routing Number [?](#)

Account Number [?](#)

Save bank account to My Profile for future use?

[Cancel](#)

[Add Bank](#)


[? Help](#)

[What to Expect](#)   [FAQ](#)

Payment of application fee is required to submit application.


Depending on payment method, click Add Bank or Add Card.





## FACTS Grant & Aid

2019-2020 SCHOOL YEAR  
Application ID [REDACTED] 9

**Incomplete**

Please continue with your application form.

[Continue FACTS Application](#)

If the applicant logs out before completing the application process, the next time they log in, they will see this notice. Click Continue FACTS Application to complete the application process.