**Student Aid Form 2023-2024**

**Suburban Bethlehem Lutheran School**

**6318 W. California Road**

**Fort Wayne, In 46818**

**260-483-9371**

|  |
| --- |
| **TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:** |
| Please note: This application requires documentation for income received in 2022.   1. Detailed copies of all pages and Schedules of your **2022** Federal Income Tax Return Form 1040 1040A, or 1040EZ (**as filed with the IRS**) for individuals listed in Section A and B. Recaps and/or Summary Forms are not acceptable. If you file Schedule(s) A,C,E,F or a statement of dependence, you must provide copies. **If you earned income outside the US, provide all income documentation.** 2. Copies of all **2022** W-2 Wage and Tax Statement Forms, all **2022** 1099/1099R for Interest/Dividends, Pensions Annuities and /or Misc. Income Forms for individuals listed in Section A and B. 3. Documentation of TOTAL AMOUNTS received in **2022** for all Non-Taxable Income. 4. This application form filled out in its entirety, signed and dated by the individuals listed in Sections A and B.   **IMPORTANT: If the above items do not accompany this application, your**  **application will not be considered complete.** |
| Keep a copy of this completed application and all documentation for your records. |

|  |  |
| --- | --- |
| **A. Parent, Guardian, or Other Adult**  **Responsible for Tuition** | **B. Parent, Guardian, or Other Adult**  **Residing with Parent A** |
| Check One: \_\_ Father \_\_Mother \_\_Step Father\_\_Step Mother\_\_\_Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Name First M.I  \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Social Security Number Date of Birth  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City State Zip Code  (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_  Primary Phone Secondary Phone  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employed By How Long? (years) | Check One: \_\_ Father \_\_Mother \_\_Step Father\_\_Step Mother\_\_\_Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name First M.I  \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Social Security Number Date of Birth  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City State Zip Code  (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_  Primary Phone Secondary Phone  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employed By How Long? (years) |
| **C. Dependents List all dependent children in order of oldest to youngest, including college students, even if you are not applying**  **for aid for that student. Indicate each dependent’s relation to Parent/Guardian A: child, foster child, grandchild, etc. DO NOT LEAVE BLANK.** | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Dependent  Last Name | Dependent  First Name | M.I | Date  Of  Birth | Relation  To Parent/  Guardian A | Name of school student  Plans to attend in the fall of 2023 | Grade  In the  Fall of  2023 | Amount of Tuition I/We Feel I/We can  Pay? (per year) | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | | |
| **D. Household Information**  **1. Number of individuals who will reside in my/our household during the 2023/202 school year:**  **Parents/Guardian\_\_\_\_\_\_\_\_ Children\_\_\_\_\_\_\_\_Other\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*If other, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |