

## **Before beginning a Covenant Tuition Assistance Application**

### **Covenant Tuition Services' Statement of Confidentiality regarding Tuition Assistance Application information for the 2017-2018 Academic Year**

In order to process your application for Tuition Assistance at Sacred Heart School, each family must submit copies of their 2016 Federal tax return, all W-2s from their employers, and any of the following schedules if the schedules were filed with the family's form 1040: A, C, E, and / or F. Each family may remove all social security identification numbers and direct deposit numbers on all pages of their tax return before submitting it to CTS. If a family has not filed a tax return for 2016 tax year, please call Mary at 563-219-8873 to discuss what must be sent in place of the Federal tax forms. Applications without a tax return, or without having contacted Mary, will not be completed nor submitted to Sacred Heart School.

All financial information submitted to Covenant Tuition Service (CTS) is for the sole purpose of evaluating the ability of an individual family to pay tuition and their need for tuition assistance. This information will be kept secure and confidential with CTS. It will not be available to anyone outside of authorized staff at CTS and Sacred Heart School that have an agreement with CTS to conduct third party tuition assessment for determining tuition assistance/aid amounts.

# Covenant Tuition Services

Covenanting to Serve Christian Schools as unto the Lord  
www.cts-tuition.com



Contact us:  
CTS  
PO Box 111  
Fulton, IL 61252  
Dan: 815-589-2439  
Mary: 563-219-8873  
Fax: 815-589-3869  
info@cts-tuition.com

**\*\* Credit or Debit Card Authorization \*\***  
(Please Print All Information Below  
and Sign the Last Line)

Name(s) of Parent/Guardian: \_\_\_\_\_

Name(s) of Children attending Sacred Heart School: \_\_\_\_\_

\_\_\_\_\_

Name on Card \_\_\_\_\_

Street Address for Cardholder City, State and Zip \_\_\_\_\_

Phone Number for Cardholder \_\_\_\_\_

Visa or Master Card Number \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Authorized Amount: **\$22.00**

Signature of Cardholder \_\_\_\_\_



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Tuition Assistance for the 2017-2018  
Academic School Year

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## Sacred Heart School

407 S Henrietta Street • Effingham, IL 62401 • Phone: 217-342-4060 • www.sheff.org

**Due Date: April 14<sup>th</sup>, 2017**

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Names & Grades of children applying: \_\_\_\_\_

Number of persons in household: \_\_\_\_\_

\_\_\_\_\_

Number of parents in household: \_\_\_\_\_

\_\_\_\_\_

## Household Income

1. 2016 Father's W-2 income: \_\_\_\_\_

(W-2 box 3; Do not include self-employment)

2. 2016 Mother's W-2 income: \_\_\_\_\_

(W-2 box 3; Do not include self-employment)

3. 2016 Social Security Benefits: \_\_\_\_\_

(Include total for all household recipients)

4. 2016 Child Support Received: \_\_\_\_\_

(Include total for all household recipients)

5. 2016 Military/Clergy Housing Allowance: \_\_\_\_\_

6. 2016 Non-taxable income: \_\_\_\_\_

(W-2 box 12; ADC; General Assistance; Food Stamps; others)

## Household Assets

12. Household Adults' Cash on Hand: \_\_\_\_\_

(Total in all: Cash, Checking, and savings)

13. Value of Home \_\_\_\_\_

14. Value owed on Home: \_\_\_\_\_

15. Value of stocks, bonds, investments: \_\_\_\_\_

(Exclude retirement and pension accounts)

16. Value of other assets owned: \_\_\_\_\_

Circle type: real estate business farm

17. Amount owed on assets in #16: \_\_\_\_\_

18. Automobiles – year, make, and model: \_\_\_\_\_

\_\_\_\_\_

## Household Deductions

7. 2016 Medical/Dental expenses: \_\_\_\_\_

(Expenses not covered by insurance and premiums paid outside of an employer's plan. You must provide a Schedule A or an itemized list of expense.)

8. 2016 Child Support Paid: \_\_\_\_\_

(Total paid for children not in household)

9. 2016-2017 K-12 Tuition Paid: \_\_\_\_\_

(Total after all amounts paid on your behalf by others, grants, and gifts are subtracted. Don't include college tuition here, See question 22)

10. 2016 Church contributions: \_\_\_\_\_

(Include Schedule A or letter from the church)

11. 2016 Childcare expenses: \_\_\_\_\_

(Include Form 2441 or bill from provider)

## Other Information

19. Additional sheets can be used to explain special circumstances if necessary for processing, such as medical hardships, changes in employment that will cause increase or decrease in income, etc.

20. List weekly unemployment amount for all unemployed household parents: \_\_\_\_\_

21. How much can you pay for your children's education at this school? \_\_\_\_\_

*Do not enter \$0 or leave blank.* Please enter a reasonable estimate. Be sure to indicate if you are listing a payment plan, i.e. monthly, quarterly, etc.

22. 2016 Household college tuition paid: \_\_\_\_\_

(Include Form 8863 or bill from college showing amount paid)

Complete form and send with the following **required** items:

1. Payment for processing (choose only one option)
  - a. Check/Money Order for \$20. **Do not mail cash**
  - b. Credit/Debit card authorization for \$22
2. Copy of **2016 Federal Tax Return**
3. Copy of **2016 W-2(s)**
4. All other supporting documents listed for questions #3 to #22

Applications can be sent via one of three ways:

Mail: Covenant Tuition Services  
PO Box  
Fulton, IL 61252

Email: info@cts-tuition.com

Fax: 815-589-3869