

Help us keep your pages together.

APPLICANT'S LAST NAME: _____

II. Student Information

Child One - THIS SCHOOL ONLY

MI

Last name, if DIFFERENT from parent's

Entering Grade Level:

Child Two - THIS SCHOOL ONLY

MI

Last name, if DIFFERENT from parent's

Entering Grade Level:

Child Three - THIS SCHOOL ONLY

MI

Last name, if DIFFERENT from parent's

Entering Grade Level:

Child Four - THIS SCHOOL ONLY

MI

Last name, if DIFFERENT from parent's

Entering Grade Level:

Child Five - THIS SCHOOL ONLY

MI

Last name, if DIFFERENT from parent's

Entering Grade Level:

Child Six - THIS SCHOOL ONLY

MI

Last name, if DIFFERENT from parent's

Entering Grade Level:

Child Seven - THIS SCHOOL ONLY

MI

Last name, if DIFFERENT from parent's

Entering Grade Level:

III. Upcoming Students

Please help us get ready for more students from your family.

Name

MI

Last name, if DIFFERENT from parent's

Age:

Name

MI

Last name, if DIFFERENT from parent's

Age:

IV. More Family Information

Local church that you attend or to which you belong:

Number of children enrolled in this school last year:

Number of children enrolled receiving tuition assistance at this school last year:

Number currently living in your home, and fed out of your budget every month.

Number of children who will be enrolled in a different private school this school year: (do not include home school, preschool, public school, college, or this school)

Name of the other private school:

Step 2 Income

Last Year's Income:

This information is from what tax year? **20**

Adjusted GROSS Income (Federal Tax form 1040, 1040 A, 1040 EZ): \$ _____ 1

TAXABLE Income (Federal Tax form 1040, 1040 A, 1040 EZ): \$ _____ 2

STATE and FEDERAL refunded or paid NET TAX REFUND - State & Federal (combined) \$ _____ 3

OR TAXES PAID - State & Federal (combined) \$ _____ 4

States with scholarship tax credit programs \$ _____ 5

Total amount received LAST year from a Student Tuition Organization other than your school.

Monthly Income, now: Transfer amounts from worksheets

Work for an employer?
WAGE INCOME from which taxes are withheld
Calculated Take-home pay
From line F on the worksheets
You must use the worksheets
Monthly income, determined by worksheet(s):

Father: \$ _____ 6

Mother: \$ _____ 7

TANF (AFDC) or ADC or AAC _____ 8

Food stamps _____ 9

Social Security benefits _____ 10

Child support / alimony received _____ 11

Monthly Investment Income:

Monthly Income from investment \$ _____ 12

Amount / value of investment that produces this income. \$ _____ 13

Other Income Do not show any income twice.
Work for yourself? Self-employment income reported under "Other" income.
All other income/benefits (non-taxable) - Monthly: \$ _____ 14

All other income/benefits (taxable) - Monthly: \$ _____ 15

Help from Others

Employer-paid education benefits Applicable to this school \$ _____ 16

Monthly tuition help from others \$ _____ 17
There may be others willing to help with this school's tuition payments. Enter how much help you will receive monthly in box 17.

Self-employed or business owner:

yes no

Corporations / partnerships: Is either parent owner / part-owner in a corporation or an LLC?

If "yes," please submit a copy of your corporate / business federal tax return to CFS.

Method for calculating income: Please indicate which method you used for calculating your monthly business income (indicate method 1-4)

Step 3 Expenses

Monthly Expenses, now: Transfer amounts from worksheet

Monthly mortgage or rent primary residence only _____ 18

Monthly auto payments _____ 19

Mo. child support/alimony pd leave blank if deducted from paycheck _____ 20

Monthly utilities _____ 21

Monthly insurance exclude portion deducted from paycheck _____ 22

Monthly giving / tithe _____ 24

Monthly college tuition not this school's tuition; not college loans or college tuition savings plans. _____ 25

Monthly child-care paid Work-related child care only _____ 26

Monthly medical paid Do not include expenses paid out of payroll-deducted medical expense account _____ 27

Short-Term Debt Payments (Credit cards, student loans, other short-term debts - transfer amounts from worksheet)

Ending balance, all cards & debts _____ 28

Total minimum payments due _____ 29

Monthly bankruptcy payment do not include amount deducted from paycheck _____ 23

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APPLICANT'S LAST NAME: _____

**Need help? e-mail us at:
help@cfslogin.com**

Select the one response that best pertains to you right now

- I do not plan to make changes in my finances in the next 6 months
- I plan to make changes in my finances in the next 6 months
- I plan to take action toward my financial situation in the next 30 days
- I made changes to my finances less than 6 months ago
- I made changes to my finances more than 6 months ago

Request for exception: Check here to indicate that you have unusual or extenuating circumstances and you plan to present a written explanation to the school, requesting an exception.

Request for exception text. Enter here, or attach letter of explanation:

Step **6** Payment

(Not including payment will delay processing of your application.)

**Signature of
parent / applicant --**

confirms that all information on this form is true, accurate, and complete to the best of your knowledge:

Tax info to send:
Pages 1-2 of your most recent
federal 1040, plus business tax
forms, if necessary.

Credit Card Payment
(VISA, MC, AMEX)

Your credit card will be charged
\$40. Charge will be from
Development Testing Services, LLC

Name as it appears on card:

Card's billing address:

Card #

Expiration date:

Card holder's Signature:

CVC/CVV code: _____

~ **Mailing?** Copy form. Mail original, tax information, worksheets and \$40 payment to CFS (check / MO, or credit card information).

~ **Faxing?** Fax application, tax information, worksheets, credit card info to 719-687-0705. Keep the original. Your credit card will be charged \$40.

~ **Online?** Complete at www.cfslogin.com. Online payment of \$40). Keep the original.