**Student Aid Form 2023-2024**

**Suburban Bethlehem Lutheran School**

**6318 W. California Road**

**Fort Wayne, In 46818**

**260-483-9371**

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| **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. |

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| **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.** |
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| DependentLast Name | DependentFirst Name | M.I | DateOfBirth | RelationTo Parent/Guardian A | Name of school studentPlans to attend in the fall of 2023 | GradeIn theFall of2023 | Amount of Tuition I/We Feel I/We canPay? (per year) |
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| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |