

(offie use only)
Received:
By:

Scholarship Application

Instructions (Must be filled in completely and returned with all required documents to be considered)

- 1. Complete and sign this application (one application per family)
- 2. Attach a signed copy of your mist recent Federal Tax return
- 3. Return application and all necessary documentation to the Brown County Christian Academy before August 1st.

Parent/guardian Information:				
Last Name:	First Name:	_	_	
Last Name:	_ First Name:		<u> </u>	
Street Address:	City:	State:	Zip	
Children(s) Information:				
Last Name:	First Name:		_DOB:	
Last Name:	_ First Name:		DOB:	
Last Name:	First Name:		_DOB:	
Last Name:	_First Name:		DOB:	
Household Financial Information				
Total number of adults in househol (if	d: Total number o			
Do you rent or own your residence	? Rent Own Other (ex	plain):		
If renting, what is the monthly ren Amount paid by house Amount paid by other s	* *		\$\$ \$\$	
Are you current on your monthly p If No. list total amount paid in prev	•	Yes N		

If you own a residence:

What is the current market value?	\$
What is the amount still owed, including home equity loans?	\$
What is the monthly mortgage payment? (\$ per month)	\$
Are you current on your monthly payment? If No, what was the total amount paid in 2018? Total amount in cash, checking, and savings accounts Total value of money market and mutual funds, stocks, bonds, CDs, or other securities	No \$ \$ \$
Total value of IRA, Keogh, 401K, SEP, or other retirement accounts	\$
What was your total contribution to your retirement account(s) in 2018 (IRA, Keogh, 401K, SEP, etc.)?	\$
If you own real estate other that your primary residence: What is the fair market value?	\$
What is the amount still owed?	\$
Do you own a business? Yes	No
If Yes, what is the fair market value of your business? What is the amount still owed?	\$ \$
Tax Information	
Total number of exemptions claimed on Federal Income Tax Form	
Parent/Guardian A total taxable income from W-2 wages (total income par	rent A only) \$
Parent/Guardian B total taxable income from W-2 wages (total income pa	rent B only) \$
Net business income* (from self employment, arm, rentals, and other businesses) (Attach Schedules C,E, and/or F from your IRS 1040)	\$
Other non-work taxable income (from interest, dividends, alimony, unemploymand non-business income.	nent, \$
Allowable "Adjustments to Income" (as reported on your IRS 1040, 1040A, o	r 1040EZ. \$

Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A, or 1040EZ.	\$
Total Tax Paid as reported on your IRS 1040, 1040A, or 1040EZ.	\$
Medical/Dental expenses as reported on Schedule A	\$
Charitable Contributions as reported on Schedule A	\$
Child Support (\$ per year)	\$
Cash Assistance (TANF) (\$ per year*)	\$
Food Stamps (SNAP) (\$ per year*)	\$
Medicaid Received in previous year?	Yes No
Social Security Income (SSA/SSD, etc.) (\$ per year*) (provide documentation for all recipients in household)	\$
Social Security Income (SSI Only) total received in previous year	\$
Student Loans and/or grants received for PARENT's education (Not college attending minors) Total received in previous year* Total used for living expenses (\$ per year*)	g dependents or \$\$
Housing Assistance (Sec. 8, HUD, etc.) (\$ per year*)	\$
Religious Housing Assistance (parsonage, manse, etc.) Total received 2018*	\$
Other non-taxable income \$ per year* (working for cash, adoption and/or foster subsidy, worker's comp., disability, pension/retirement, etc. Identify source(s)	\$
Any and all Military/VA Benefits and/or Compensation Total received in 2019 (Identify source(s):	\$
Loans/Gifts from friends or relatives \$ per year	\$
Total non-taxable income for 2019	\$

^{*}You must provide 2019 YEAR-END documentation for these items; either a YEAR-END Statement from the appropriate Public Agency, or documentation showing totals.

Unusual Circumstances	
Please explain any unusual circumstances that may affect a so	cholarship need:
Certification	
I/We declare that the information on this form is true, correct knowledge. (must be signed by both parents/guardians listed on taxes)	, and complete to the best of my/our
Signature	Date
Signature	Date