



Notre Dame High School, Inc.  
Sponsored by the School Sisters of Notre Dame  
Accredited by the Western Association of Schools and Colleges

# Annual Financial Aid Application Form

NOTRE DAME HIGH SCHOOL  
480 S. San Miguel St.  
Talofofo, GU 96915

**This form must be postmarked no later than JULY 15, 2016.**

## **TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:**

**Please note: This application requires documentation for income received in 2015.**

1. Detailed copies of all pages and Schedules of your **2015** Federal Income Tax Return Form 1040, 1040A, or 1040EZ (**as filed with the IRS**) for individuals listed in Sections A and B. Recaps and/or Summary Forms are acceptable. If you have not yet filed, or are not required to file a tax return, see the REQUIRED DOCUMENTATION section of the INSTRUCTIONS.
2. Copies of all **2015** W-2 Wage and Tax Statement Forms, all **2015** 1099/1099R for Interest/Dividends, Pensions/Annuities and/or Misc. Income Forms for individuals listed in Sections A and B (**Please make sure all documentation is copied on regular 8 ½ x 11 paper – documentation CANNOT be returned**).
3. Documentation of TOTAL AMOUNTS received in **2015** for all Non-Taxable Income (see Section G for specific requirements).
4. Check or Money Order payable to NOTRE DAME HIGH SCHOOL for the non-refundable application fee of \$50.00 (**all returned checks will incur an additional fee of \$50.00**).
5. 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.***

## STUDENT AID FORM 2016 - 2017

**IMPORTANT: Print clearly and neatly with a blue or black ball point pen**

### **A** Parent, Guardian, or Other Adult Responsible for Tuition

Check One: Father  Mother   
Step-Father  Step-Mother  Other Adult

Last Name First Name M.I.

( )  
Social Security Age (Area Code) Home Phone

Address Apartment # (if applicable)

City State Zip Code

Employed by How long? Email Address  
( ) ( )  
(Are code) Work Phone (Area code) Cell Phone

Employed by How long? Email Address  
May NDHS contact you at work if there are any questions? Yes No

If you are Self-Employed, please check and refer to Section K of this form.

**Are you Catholic?** Yes No Name of Parish/Church

### **B** Parent, Guardian, or Other Adult Residing with Parent A

Check One: Father  Mother   
Step-Father  Step-Mother  ther Adult

Last Name First Name M.I.

( )  
Social Security Age (Area Code) Home Phone

Address Apartment # (if applicable)

City State Zip Code

Employed by How long? Email Address  
( ) ( )  
(Are code) Work Phone (Area code) Cell Phone

Employed by How long? Email Address  
May NDHS contact you at work if there are any questions? Yes No

If you are Self-Employed, please check and refer to Section K of this form.

**Are you Catholic?** Yes No Name of Parish/Church

### **C** Dependants (DO NOT LEAVE BLANK)

Number of dependant children who will attend a tuition charging school: daycare, Pre-K, elementary school, secondary school, or college in the fall of 2016? \_\_\_\_ Please list all dependant child in order of oldest to youngest, including college students. Indicate each dependant's relation to Parent/Guardian A: child, foster child, grandchild, etc.

<b>1</b>	Dependant Last Name	Dependant First Name	MI	Age	Student's SSN	Grade in Fall 2016	Applying for Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of School Student Plans on attending in 2016-2017?	City/State	School attended during the 2015-2016 school year?		Amount I/we can pay toward tuition	Tuition charged per student \$	Relation to Parent/Guardian A
<b>2</b>	Dependant Last Name	Dependant First Name	MI	Age	Student's SSN	Grade in Fall 2016	Applying for Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of School Student Plans on attending in 2016-2017?	City/State	School attended during the 2015-2016 school year?		Amount I/we can pay toward tuition	Tuition charged per student \$	Relation to Parent/Guardian A
<b>3</b>	Dependant Last Name	Dependant First Name	MI	Age	Student's SSN	Grade in Fall 2016	Applying for Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of School Student Plans on attending in 2016-2017?	City/State	School attended during the 2015-2016 school year?		Amount I/we can pay toward tuition	Tuition charged per student \$	Relation to Parent/Guardian A
<b>4</b>	Dependant Last Name	Dependant First Name	MI	Age	Student's SSN	Grade in Fall 2016	Applying for Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of School Student Plans on attending in 2016-2017?	City/State	School attended during the 2015-2016 school year?		Amount I/we can pay toward tuition	Tuition charged per student \$	Relation to Parent/Guardian A

**D Household Information**

Number of individuals who will reside in my/our household during the 2016-2017 school year: \_\_\_\_\_

Current marital status/housing arrangement of Parent/Guardian A: \_\_\_\_\_

Parents/Guardians \_\_\_\_\_ Children \_\_\_\_\_  
 Other\* \_\_\_\_\_  
 \*If Other, please explain \_\_\_\_\_

- a. Single, never Married\*
  - b. Married
  - c. Widowed
  - d. Divorced\*
  - e. Remarried\*
  - f. Separated\*
  - g. Residing w/Significant Other
  - h. Other: \_\_\_\_\_
- \*If Single, Divorced, Remarried, or Separated, please complete Section E.**

**E Single, Divorced, Remarried, or Separated Parents (To be completed by the Parent/Guardian listed in Section A)**

1 Non-custodial parent \_\_\_\_\_  
 Last Name First Name M.I.

2 Do you receive or pay child support?  Receive \$ \_\_\_\_\_ Per Year  
 Pay \$ \_\_\_\_\_ Per Year  
 Neither

3 Who claimed student as a tax dependent in 2015? \_\_\_\_\_

4 Who is responsible for the tuition for the dependent(s) listed in Section C?  
 Father \_\_\_\_\_ % Name \_\_\_\_\_  
 Mother \_\_\_\_\_ % Name \_\_\_\_\_  
 Other \_\_\_\_\_ % Name \_\_\_\_\_

\*If tuition is shared, each responsible party must complete a Student Aid Form (SAF).

**F Taxable Income**

The 2015 federal tax return for student's house-hold was:

Filed  Not filed yet (See Required Documentation section)  
 I/We do not hire. I/We only receive non-taxable income.

	Actual 2015	Estimate 2015
1 Total number of exemptions claimed on Federal Income Tax form.		
2 Parent/Guardian A total taxable income from W-2 wages (Total income for Parent A only)	\$ _____	\$ _____
3 Parent/Guardian B total taxable income from W-2 wages (Total income for Parent B only)	\$ _____	\$ _____
4 Net business income* from self-employment, farm, rentals, and other businesses. (*Go to section K) (Attach Schedules C, E, and/or F from your IRS 1040)	\$ _____	\$ _____
5 Other non-work taxable income from interest, dividends, alimony, unemployment, and non-business income.	\$ _____	\$ _____
6 Allowable "Adjustments to Income: as reported on your IRS 1040, 1040A, or 1040EZ	\$ _____	\$ _____
7 Total "Adjusted Gross Income: as reported on your IRS 1040, 1040A, or 1040EZ.	\$ _____	\$ _____
8 Total Tax Paid as reported on your IRS 1040, 1040A, or 1040EZ.	\$ _____	\$ _____
9a Medical/Dental expenses as reported on Schedule A, line 1 of your IRS 1040 form.	\$ _____	\$ _____
9b Charitable Contributions as reported on Schedule A, line 19 of your IRS 1040 form.	\$ _____	\$ _____

**G Non-Taxable Income**

List the **total amount** received from **1/1/15-12/31/15** for all recipients in the household. **DO NOT** list monthly amounts.

- 10 Child Support \$ \_\_\_\_\_ per year  
11 Cash Assistance (TANF) \$ \_\_\_\_\_ per year  
12 Food Stamps \$ \_\_\_\_\_ per year

a. Medicaid received in 2015?  Yes  No

- 13 Social Security income (SSA/SSD, etc.)  
(Provide documentation for all recipients in household.) \$ \_\_\_\_\_ per year

a. Social Security income (SSI Only)

Total received in 2015 \$ \_\_\_\_\_ \*

(Provide documentation for all receipts in household.)

- 14 Student loans and/or grants received for PARENT's education  
(Not college attending dependents or students listed in Section C.)

a. Total received in 2015 \$ \_\_\_\_\_ \*

b. Total used for household expenses \$ \_\_\_\_\_ per year

- 15 Housing Assistance (Sec. 8, HUD, etc.) \$ \_\_\_\_\_ per year

a. Religious Housing Assistance  
(parsonage, manse, etc.)

Total received in 2015 \$ \_\_\_\_\_ \*

Other non-taxable income (Working for cash, Adoption and/or

- 16 Foster Subsidy, Worker's Comp., Disability, Pension/Retirement,  
etc. Identify source(s) in Section L) \$ \_\_\_\_\_ per year

a. Any and all Military/VA Benefits and/or Compensation Total  
received in 2015(Identify source(s) in Section L) \$ \_\_\_\_\_ per year

- 17 Loans/Gifts from friends or relatives \$ \_\_\_\_\_ per year

- 18 Personal Savings/Investment Accounts used for household expenses  
(Do not include totals listed in Section I) \$ \_\_\_\_\_ per year

- 19 Total non-taxable income for 2015 \$ \_\_\_\_\_ per year

**\*You must provide 2015 YEAR-END documentation for items 11-16a; either a YEAR-END Statement from the appropriate Public Agency, or documentation showing totals from 1/1/15-12/31/15.**

## **H Housing Information (DO NOT LEAVE BLANK)**

- 20 Do you rent or own your residence?  Rent  Own (go to line 22)

- 21 If renting, what is the monthly rental payment?  
a. amount paid by household \$ \_\_\_\_\_ per month  
b. Amount paid by other source(s) \$ \_\_\_\_\_ per month

c. Are you current on your monthly payment?  Yes  No

If No, what was the total amount paid in 2015? \$ \_\_\_\_\_

- 22 If you own a residence:  
a. What is the current market value? \$ \_\_\_\_\_  
b. What is the amount still owed, including home equity loans? \$ \_\_\_\_\_  
c. What is the monthly mortgage payment \$ \_\_\_\_\_ per month

d. Are you current on your monthly payment  Yes  No

If No, what was the total amount paid in 2015? \$ \_\_\_\_\_

**I Unusual Circumstances (Check all that apply to your situation within the past 12 months)**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> a. Loss of job                    | <input type="checkbox"/> e. Bankruptcy        | <input type="checkbox"/> i. Death in the family     | <input type="checkbox"/> m. Medical/Dental expenses      |
| <input type="checkbox"/> b. Recent separation/divorce      | <input type="checkbox"/> f. College expenses  | <input type="checkbox"/> j. Shared custody          | <input type="checkbox"/> n. Shared tuition               |
| <input type="checkbox"/> c. Change in family living status | <input type="checkbox"/> g. Income reduction  | <input type="checkbox"/> k. High debt               | <input type="checkbox"/> o. Other (Explain in Section J) |
| <input type="checkbox"/> d. Change in work status          | <input type="checkbox"/> h. Illness or injury | <input type="checkbox"/> l. Child support reduction |  |

**J Explanations (Use this space to explain any answers which may need clarification.)**

**K Certification, Authorization, and Documentation Requirements**

**WHAT IS REQUIRED TO PROCESS THIS APPLICATION  
(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE.)**

- 1 This application form filled out in its entirety, **SIGNED AND DATED BELOW** by the Parent(s)/Guardian(s) listed in Sections A and B.
- 2 A check or money order made payable to NOTRE DAME HIGH SCHOOL in the amount of \$50.00. *This is a non-refundable application fee.*

3 If you have filed a 2014 IRS Form 1040:	If you have not yet filed a 2014 IRS Form 1040:	If you do not file as an IRS Form 1040 AND receive
A complete photocopy of your <b>2014</b> Form 1040, 1040A, or 1040EZ (as filed with the IRS, including all Schedules). <b>2014</b> 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s).	A complete photocopy of your most recent Form 1040, 1040A, or 1040EZ (as filed with the IRS, with all Schedules). <b>2014</b> W-2 Forms, <b>2014</b> 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). <b><i>If this application is submitted after April 15, 2015, you must provide a copy of the 2014 Extension for Filing Request, as approved by the IRS and a copy of your last filed tax return.</i></b>	Photocopies of your <b>2014</b> YEAR-END Social Services statement (TANF, etc.). Food Stamp Documentation, Housing Assistance documentation, Student Loans and/or grant documentation for parent's education, Social Security income statements showing <b>TOTAL AMOUNTS</b> received in <b>2014</b> for ALL members of the household.

**CHECKOUT:**  Non-Refundable Application Processing Fee \$50.00  
 \*Please make checks payable to NOTRE DAME HIGH SCHOOL

I/We declare that the information on this form is true, correct, and complete to the best of my/our knowledge.

This Student Aid Form (SAF), all attachments and an analysis of your SAF are sent only.

Parent A: \_\_\_\_\_

Parent B: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Your completed application and check for \$50.00 should be mailed directly to: NOTRE DAME HIGH SCHOOL 480 S. San Miguel St. Talofoto, GU 96915**

## INSTRUCTIONS

### A & B Parent, Guardian or Other Adult

This form should be filled out by the parent, guardian or other adult responsible for the tuition of the child or children attending Notre Dame High School. If the parents/guardians are divorced or separated, only the parent responsible for the tuition and any other adult residing in the household should fill out the form. If tuition is shared, each responsible party must complete a Student Aid Form (SAF) if financial aid is needed.

Answer *all questions* for both parent(s), or guardian(s) responsible for tuition for the dependant(s) listed in Section C. **Do not leave any questions blank.** If natural parents are divorced, separated or single, answer all questions in Section E. If natural parents are divorced/separated and remarried, list information for custodial parent and new spouse.

**CALCULATIONS ARE BASED ON TOTAL HOUSEHOLD INCOME.**

### C Student Information

List all dependant children residing in your household in order of oldest to youngest. Indicate the relation to Parent/Guardian A listed in Section A of the application (i.e. child, grandchild, foster child, stepchild, etc.). If your dependants will be enrolled in any tuition charging school or agency next fall (including daycare, preschool, elementary school, high school, college, or trade school), list the name of the school, city and state where the school is located. List the grade your child(ren) will enter next fall (**2016-2017**); the amount you feel you can pay toward tuition per year, and the amount of tuition charged per student per year. If

"No" is checked for a student listed in Section C, that student will not be considered for tuition assistance. For all additional dependants, use a separate sheet.

### D Household Information

**ITEM 1:** Enter total number of individuals living in the household. Include any college students claimed on the tax return. Do not include children who have moved out of the home. Include all family members dependent on and residing with the parent listed in Section A. **ITEM**

**2:** Check the appropriate box indicating custodial parents' marital status. If parents are single, divorced, remarried, or separated, complete Section E.

### E Single, Divorced, Remarried, or Separated Parents

If dependant(s) parents are divorced or separated, or do not reside in the same household, the custodial parent must provide the information requested in Section E about the non-custodial parent.

**ITEM 2:** List the total amount of child support actually received by custodial parents listed in Sections A & B. If total received differs from court ordered amount, list only the total received. **ITEM 4:**

Indicate who is responsible for tuition and what percentage for the dependents listed in Section C.

### F Taxable Income

List all actual amounts for **2015** and estimated amounts for **2016**.

**ITEM 1:** Enter the total number of exemptions you claimed on your **2015** IRS Form 1040, 1040A, or 1040EZ.

**ITEM 2:** Enter the total **2015** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION A. Attach all copies of **2015** W-2 forms and/or **2015** 1099 forms from all employers

**ITEM 3:** Enter the total **2015** taxable income earned in wages, salaries, and tips for parent/guardian/other listed in SECTION B. Attach all copies of **2015** W-2 forms and/or **2015** 1099 forms from all employers.

**ITEM 4:** Enter the total net income from business (attach Schedule C or C-EZ), all rents, royalties, partnerships (attach Schedule E), and all farm income or loss (attach Schedule F).

**ITEM 5:** Enter the total of all other taxable income from interest, dividend income (attach Schedule B if over \$400), taxable refunds, credits or offsets of state and local income taxes, alimony received, capital gain or loss (Attach Schedule D). List all capital gain distributions not previously reported, total IRA distributions (if rolled-over, explain in Section L), pensions and annuities, unemployment compensation, taxable social security benefits, and any other taxable income. **Attach copies of all Form 1099/1099R, and/or Form 1098 for Interest/Dividends, Pensions/Annuities or other misc. income. Attach copies of Social Security Income statements and Unemployment Compensation documentation for year-end 2015.**

### F Taxable Income (continued)

**ITEM 6:** Enter allowable adjustments to income, such as IRA payments, self-employment tax, self-employed health insurance deduction, Keogh retirement plan and self-employed SEP deductions, penalty on early savings withdrawals, and alimony paid. Add together to arrive at your total adjustments. **DO NOT** include your standard deduction or deduction amounts for each family member.

**ITEM 7:** Enter total adjusted gross income as reported on your IRS Form 1040, 1040A or 1040EZ. Attach all pages of the applicable tax form (1040, 1040A, 1040EZ) for documentation.

**ITEM 8:** Enter the Total Tax paid (not withheld) as reported on your IRS Form 1040, 1040A, or 1040EZ.

**ITEM 9a:** Enter the total of any medical and dental expenses as reported on Schedule A, line 1 of your IRS Form 1040 (attach Schedule A).

**ITEM 9b:** Enter the total amount of Charitable Contributions as reported on Schedule A, line 19 of your IRS Form 1040 (attach Schedule A).

## **G** Non-Taxable Income

If you receive non-taxable income, **you must list and provide documentation of the TOTAL YEARLY AMOUNTS received in 2015** for all recipients in the household for the following: Cash Assistance (TANF), Food Stamps, Social Security income, Student loans and/or grants (received for PARENT'S education), Housing assistance (Section 8, HUD, etc.), Worker's Compensation, Disability or Retirement.

**ITEM 10: Child Support:** Report total amount received for **2015** for all children in the household.

**ITEM 11: Cash Assistance (TANF):** Report total amount received for **2015**.

**ITEM 12: Food Stamps:** Report total amount received for **2015**. Do not combine with TANF or Medicaid.

**ITEM 12a:** Did you receive Medicaid in **2015**?

**ITEM 13: Social Security Benefits:** Report the total non-taxable (**SSA/SSD, etc.**) amount received in **2015** for all recipients in household.

**ITEM 14: Student loans and/or grants:** Report the total amount received in **2015** for PARENT'S education. Do not list loans, grants or scholarships received for dependants in Section C. Identify how much of this income was used for household expenses in **2015**.

**ITEM 15: Housing assistance:** Report the total amount received for **2015**. Identify in Section L all sources of Housing assistance (government assistance, Section 8, HUD, family/friends or other sources), including monies received toward rental/mortgage payments and/or utilities.

**ITEM 15a: Religious Housing assistance:** Report the total amount received for **2015**.

**ITEM 16:** Report all additional non-taxable income received in **2015** including: Working for cash, Deductible IRA or Keogh payments; untaxed portions of pensions; tax exempt interest income; foreign income exclusion; Worker's Compensation; cash support or any money paid on your behalf, including support from a non-custodial parent or any other person (do not include court ordered support here); adoption and/or foster care subsidy, or any other benefit or income not subject to taxation by any government (Refugee Assistance, etc.). Identify source(s) in Section L.

**ITEM 17: Loans/Gifts received from friends or relatives:** Report the total amount received in **2015**.

**ITEM 18: Personal Savings/Investment Accounts:** Report the total amount used in **2015** for household expenses.

**ITEM 19: Total Non-Taxable income for 2015:** Add together Items 10-18.

## **H** Housing Information

**ITEMS 20 and 21:** If you rent your home or apartment, list your monthly rental or lease payment here, including amounts paid by household and other sources.

**ITEM 21c:** Indicate whether you are current on your monthly rental payment and if not, what the actual amount was that you paid in **2015**.

**ITEM 22a:** Determine the present value of the family home and list it. Local real estate agents should be able to help you if you are unsure.

**ITEM 22b:** Check with your lending institution and enter the amount still owed including second mortgages.

**ITEM 22d:** Indicate whether you are current on your monthly mortgage payment and if not, what the actual amount was that you paid in **2015**.

## **I** Unusual Circumstances

Check any and all items that apply to your situation. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying and also include a letter of explanation with this application.

## **J** Explanation

If any specific question requires clarification, write a brief explanation in this space. If your circumstances require explanation beyond the scope of this application, please notify Notre Dame High School.

## **K** Certification, Authorization, and Documentation Requirements

You **must** sign the form in this section. By signing the form, you certify that the information submitted is correct. This application CANNOT be processed without the appropriate signature(s) and the appropriate documentation.

### **REQUIRED DOCUMENTATION**

#### **If you have filed your 2015 IRS Form 1040:**

You must submit photocopies of all pages of your **2015** Federal Tax Return Form 1040, 1040A, or 1040EZ (as filed with the IRS, with all Schedules, **2015** W-2 Forms, **2015** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). *Do not include your State tax return unless requested.*

#### **If you have not filed your 2015 IRS Form 1040:**

You must submit photocopies of all **2015** W-2 Forms, **2015** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s), and photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules). *If this application is submitted after April 15, 2016, you must provide a copy of the 2015 Extension for Filing Request, as approved by the IRS.*

#### **If you are an Independent Contractor or self-employed and have not filed your 2015 IRS form 1040:**

You must complete Section K and submit photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules), **2015** W-2 Forms, **2015** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). *If this application is submitted after April 15, 2016, you must provide a copy of the 2015 Extension for Filing Request, as approved by the IRS.*

#### **If you receive non-taxable income:**

You must submit photocopies of you **2015** YEAR-END (01/01/15 - 12/31/15) Cash Assistance documentation (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Student loan and/or grant documentation (for PARENT's education), Social Security Income statements, showing the **TOTAL AMOUNT** received in **2015** for ALL members of the household. If you list any total for line 16, you must identify the source(s) in Section L.