

2022-2023 ILSTO Financial Aid Application

ILSTO, BOX 176, TERRIL, IA 51364

1 Instructions Application

With the changes in the 1040 form, You must include a copy of **page 1** of your 2021 Federal income tax return (1040) with this application. Page 1 shows the dependents information and Line 9 of page 1 shows the total income. Schedules need not be included. If you were **NOT** required to file a tax return for 2021, you must sign the **non-filer affidavit** in Section 7 and submit all Forms W-2 or 1099 received by members of your household.

- Submit this application directly to ILSTO, Box 176, Terril, IA 51364, by May 1, 2022.
- **PLEASE NOTE: THERE WILL BE ONLY 1 ROUND OF APPLICATIONS THIS YEAR FOR RETURNING FAMILIES.**
- Eligibility remains at 400% of poverty level. However, the Iowa Legislature did not increase funding with this increase in eligibility. Therefore, awards are based on amount of donations. Eligibility does not ensure an award. **PLEASE NOTE QUESTIONS CONCERNING FREE/REDUCED LUNCHES, NUMBER OF PARENTS WORKING AND OTHER AID. CIRCLE THE CORRECT ANSWER. IF RECEIVED OTHER AID, GIVE THE AMOUNT THIS SCHOOL YEAR. USE THE CURRENT YEAR FOR THESE QUESTIONS.**

2 Household Members

- Starting with yourself, list the name and birth date of every person who lived in your home on December 31, 2021.
- Include everyone who lived with you, regardless of relationship, even children in college and those not in school.
- For each student (including those in college), enter their **2022-2023** school name and grade level.

Full Name (First/Middle/Last)	Relationship to Student Applicant	Birth Date	For Students Only			
			Next Year School Name	Grade next yr '22-'23	New Lutheran School Student (Y or N)	2022-23 Tuition
01	<i>Applicant</i>					
02						
03						
04						
05						
06						
07						
08						
09						
10						

3 Household Address

- Enter the complete street address of your primary place of residence (your home) as of December 31, 2021.
- Include your apartment number, unit number, or lot number if applicable.

Street	City	State and Zip Code	PUBLIC SCHOOL DISTRICT IN WHICH YOU CURRENTLY LIVE.

4 Contact Information

- Your contact information is needed to help us resolve any errors or omissions on this application.
- Provide all phone numbers (including area code) at which you may be reached for additional information.
- Provide your primary email address. In the event we can't reach you by phone, we will send you an email.

Work Phone	Home Phone	Cell Phone	Email Address

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5 Unreported Income

- Report below any income that your household received in 2021 which is not included on a submitted tax return.
- All household income, whether taxable or nontaxable and regardless of source, must be disclosed.
- Enter monthly or yearly amounts, whichever you prefer. If none, enter a zero; do not leave an item blank.

Type of Income	Monthly	Yearly	Type of Income	Monthly	Yearly
Child Support Received for All Children	\$	\$	Supplemental Security Income (SSI, SSD)	\$	\$
Housing Assistance (HUD, Section 8)	\$	\$	Veterans Benefits and Combat Pay	\$	\$
Public Assistance (Food Stamps, Welfare)	\$	\$	Workers Comp and Disability Benefits	\$	\$
Social Security Benefits of Dependents	\$	\$	All Other Unreported Household Income	\$	\$

Please Circle:

Use current year for these questions.

School Lunches: **REDUCED** **FREE** **Neither**

Number of Parents working: **2** **1** **0**

Did you get additional aid besides STO? **YES** **NO** **AMT: \$_____**

6 Additional Information

- You may also use this section to explain or expand upon any entries made elsewhere on this application.
- You may also use this section to tell how the STO program has helped your family.

7 Nonfiler Affidavit

- If no one in your household was required to file a tax return for 2021, you must sign the following affidavit.
- Skip this section if anyone in your household was required to file a federal income tax return for 2021.
- If you sign below, you must include all Forms W-2 and 1099 received by members of your household for 2021.

I hereby certify that, to the best of my knowledge, **no member** of my household earned enough taxable income to be required to file a federal individual income tax return for the year 2021.

Applicant Signature	Date
X	

8 Applicant Certification

- All applicants must sign this section.
- Before signing, verify that all sections of this application have been completed in accordance with the instructions.
- Verify that all members of your household have been listed and that all income received has been disclosed.

I hereby certify that: (a) this application is true, correct, and complete; (b) I have submitted true copies of all tax returns filed by members of my household; and (c) I have disclosed all household income received.

Applicant Signature	Date
X	