

PARENT LAST NAME _____ STUDENT LAST NAME _____

POISE Primary and Secondary Education Scholarship Fund

STUDENT AID FORM 2008-2009 School Year

POISE Foundation

Education Improvement Tax Credit Program

Eligibility for the POISE Primary and Secondary Education Scholarship depends on the completion of this form.

For grade levels Kindergarten through Twelfth Grade.

Use just one **Form for all children** in the family applying for the grant.

To complete this Application you will need to include:

1. Copies of all pages of your 2007 federal Income Tax return (including all schedules) and copies of all of your 2007 year's W2 and/or 1099 forms for individuals listed in Sections A and B. (Note: If you will not file a tax return, include all appropriate forms per Section G of the instructions).
2. If employed, include copy of (2) most recent pay stubs for both parent(s) or guardian(s), if living in the same household as student.

If the above listed items are not included, this application **WILL NOT BE PROCESSED.**

If you have any questions, please contact POISE Office at 412.281.4967.

Student AID FORM • 2008 – 2009

• **IMPORTANT:** Print clearly and neatly with a ball point pen •

A. PARENT OR GUARDIAN RESIDING WITH STUDENT

Circle one: Father Mother Stepfather Stepmother Other _____ (explain)

_____	_____	_____
Last Name	First Name	MI
_____	_____	() _____
Social Security Number	Age	Home Phone
_____	_____	() _____
Address		Cell Phone
_____	_____	_____
City	State	Zip
_____	_____	_____
Employed By How Long?		Occupation/Title/Rank
<input type="checkbox"/> If you are self-employed, check this box and complete Section K		
_____		() _____
Email Address		Work Phone

B. PARENT OR GUARDIAN RESIDING WITH STUDENT

Circle one: Father Mother Stepfather Stepmother Other _____

_____	_____	_____
Last Name	First Name	MI
_____	_____	() _____
Social Security Number	Age	Home Phone
_____	_____	_____
Address		
_____	_____	_____
City	State	Zip
_____	_____	_____
Employed By / How Long ?		Occupation/Title/Rank
<input type="checkbox"/> If you are self-employed, check this box and complete Section K		
_____		() _____
Email Address		Work Phone

C. FAMILY INFORMATION

1. Number of individuals who will reside in my household during the school year which I am requesting scholarship assistance:

Parents/Guardians _____ Children _____ Other _____

If **Other**, explain _____

2. Current Marital Status of Parent/Guardian A:

- Single Married Divorced* Divorced/remarried*
 Widowed Separated *Other: _____

• If **Divorced, Divorced/remarried** or **Separated**, please complete **Section D**.

3. Please indicate your family's ethnicity:

- African American Mexican American
 Asian American Including from Indian Subcontinent Native American
 Alaskan Native Native Hawaiian, Pacific Islander
 Caucasian Other (Specify _____)
 Hispanic/Latino Puerto Rican

D. DIVORCED OR SEPARATED PARENTS (TO BE COMPLETED BY PARENT OR GAURDIAN LISTED IN SECTION A)

1. Date of Divorced or Separation (Month/Year) _____

2. Noncustodial parent _____
Last Name First Name MI

3. Do you receive or pay child support? Receive Pay Neither

4. Total amount of child support **received** for all children last year by **Parent/Guardian B**. \$ _____

5. According to court order, when will the child support end? (Month/Year) _____

6. Total amount of child support **paid** for all children in Last Year by **Parent/Guardian B**. \$ _____

7. Is there any agreement specifying a contribution for the education of this/these student(s)?
 Yes No If **Yes**, how much per year? \$ _____

8. Who claimed student as a tax dependent on last year's return (2007)? _____

9. Do special circumstances exist? Yes (complete Section J) No

E. DEPENDENTS (attach separate sheet if additional space required for more children)

	Dependent Last Name	Dependent First Name	MI	Grade Level Fall 2008	Age	Birth Date	Name of School Student will attend during Scholarship Year	Applying for Aid Y/N
1								
2								
3								
4								
5								
6								
7								

The 2007 federal tax return for student's household was:

<input type="checkbox"/> Filed (complete Sections F and G)
<input type="checkbox"/> I/we do not file I/we only receive nontaxable income (complete Section G only)

F. TAXABLE INCOME

	Actual Last Year	Estimate This Year
1. Total number of exemptions claimed on Federal Income Tax form:	_____	_____
2. Parent/Guardian A total taxable income from W2 wages. (1040 Line 7, 1040A Line 7)	\$ _____	\$ _____
3. Parent/Guardian B total taxable income from W2 wages (only if separate returns were filed). (1040 Line 7, 1040A Line 7)	\$ _____	\$ _____

F. TAXABLE INCOME (cont.)

	Actual Last Year	Estimate This Year
4. Net business income from self-employment, including farm, rentals, and other business. (Attach Schedule C, E, and/or F from your IRS 1040)(1040 Lines 12, 17 and 18)	\$ _____	\$ _____
5. Other non work taxable income from interest, dividends, alimony, unemployment, and nonbusiness income. (1040 Lines 8a, 9, 11, 14, 15b, 16b, 19, 21) (1040A Lines 8a, 14b)	\$ _____	\$ _____
6. Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A or 1040EZ. (1040 Line 35) (1040A Line 21)	\$ _____	\$ _____
7. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A or 1040EZ. (1040 Line 35) (1040A Line 21)	\$ _____	\$ _____
8 Total Tax Paid as reported on your IRS 1040, 1040A or 1040EZ. (1040 Line 61, 1040A Line 38)	\$ _____	\$ _____
9. Medical/dental expenses as reported on Schedule A of your IRS 1040 form. (1040 Schedule a Line 1)	\$ _____	\$ _____

G. NONTAXABLE INCOME

List the **yearly total** received for your household last year (**not** monthly amounts).

10. Child Support	\$ _____ per year
11. Welfare (AFDC/TANF)*	\$ _____ per year
12. Food Stamps*	\$ _____ per year
13. Social Security/SSI*	\$ _____ per year
14. Other nontaxable income (explain in Section M)	\$ _____ per year
15. Total nontaxable income for last year	\$ _____ TOTAL

***You must provide documentation of welfare, food stamps, and social security.**

H. HOUSING INFORMATION (DO NOT LEAVE BLANK)

16. Do you rent or own your residence? _____ Rent _____ Own (go to line 18)
(place a check where appropriate)

17. If renting, what is your monthly rental payment? \$ _____

18. If you own your residence:

a. What is the current market value? \$ _____

b. What is the amount still owed? \$ _____

c. What is your monthly mortgage payment? \$ _____

I. ASSETS & INVESTMENTS

19. Total amount in cash, checking, and savings accounts \$ _____

20. Total value of money market funds, mutual funds,
stocks, bonds, or other securities \$ _____

21. Total value of IRA, Keogh, CDs, 401K, SEP \$ _____

22. If you own real estate other than your primary residence,

a. What is the current market value? \$ _____

b. What is the amount still owed? \$ _____

23. Do you own a business or farm? ___ Yes ___ No
If **Yes**, please complete **Section K**.

a. What is the value of your business or farm? \$ _____

b. What is the amount still owed? \$ _____

J. UNUSUAL CIRCUMSTANCES (Check all that apply to your situation)

- | | |
|---|--|
| <input type="checkbox"/> Loss of job | <input type="checkbox"/> Illness or injury |
| <input type="checkbox"/> Recent Separation/Divorced | <input type="checkbox"/> Death in family |
| <input type="checkbox"/> Change in family living status | <input type="checkbox"/> Shared custody |
| <input type="checkbox"/> Changed in work status | <input type="checkbox"/> Extraordinary High debt |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Child support reduction |
| <input type="checkbox"/> College expenses | <input type="checkbox"/> Extraordinary High Medical/Dental expense |
| <input type="checkbox"/> Income reduction-List Amount Below | <input type="checkbox"/> Other (Summarize below) |

K. BUSINESS INCOME (IF YOU OWN A BUSINESS, FARM, S-CORP,
OR PARTNERSHIP)

	Actual Last Year	Estimated This Year
1. What are your gross business receipts or sales?	\$ _____	\$ _____
2. What is your net business profit or loss?	\$ _____	\$ _____
3. What is your annual salary or draw?	\$ _____	\$ _____
4. If your business pays your home rent or mortgage, what is the annual total?	\$ _____	\$ _____
5. If your business pays for your personal automobile, what is the annual total?	\$ _____	\$ _____
6. Monies expended for personal insurance	\$ _____	\$ _____
7. Personal/Retirement contributions	\$ _____	\$ _____
8. Other company paid personal per expenses	\$ _____	\$ _____

L. EXPLANATIONS (USE THIS SPACE TO EXPLAIN ANY ANSWERS WHICH MAY NEED CLARIFICATION)

M. PARENTS' CERTIFICATION, AUTHORIZATION AND DOCUMENTATION CHECKLIST

TO PROCESS THIS APPLICATION, ALL OF THE FOLLOWING MUST BE INCLUDED:

1.

IF YOU HAVE FILED AN IRS FORM 1040:	IF YOU DO NOT FILE AN IRS FORM 1040 AND RECEIVE ONLY NONTAXABLE INCOME
A complete photocopy of last year's IRS form 1040, 1040A, or 1040EZ (including all Schedules) and photocopies of all W2's and/or 1099 forms from all employers for any wage earning adult residing with the applicant(s).	Photocopies of your Social Services Grant Letters (AFDC, TANF) and/or photocopies of your Social Security Benefits Statement(s) for ALL members of your household receiving benefits during the prior year.

2. If employed, a copy of (2) most recent pay stubs of parent(s) or guardian(s) living in same household as student (s).

3. This application has been completed and submitted in its entirety **SIGNED AND DATED BELOW** by the Parent(s) or Guardian (s) in Sections A and B.

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

Parent/Guardian (Section A) Date

Parent/Guardian (Section B) Date

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412.281.4967**

PRIVACY Statement: POISE Foundation will not share your information or documents attached with any other agencies, schools or organizations, without your written consent.