



# Apply Online Today!

- **Step 1:** Navigate to your institution's website to complete the online application
- **Step 2:** Submit your Federal Form 1040 Income Tax Return, W-2 forms, and supporting documentation for non-taxable income to FACTS. You can upload documents by logging into your online account or fax them to 866-315-9264. Draft or Preview Copy tax documents will not be accepted.

**Please allow 2 weeks for your application and supporting tax documents to be processed before contacting FACTS.**

### **Who decides how much financial aid I will receive?**

The educational institution granting aid is solely responsible for determining the final award. The analysis completed by FACTS Grant & Aid Assessment serves as a recommendation only.

### **Why do I have to provide this personal and confidential information?**

FACTS Grant & Aid Assessment must verify your expenses and household income to assist your institution in making an informed decision about the amount of financial aid needed for each family.

### **How can I check the status of my application?**

Once you have completed the online application, you will be able to log on to [online.factsmgt.com](http://online.factsmgt.com) to check the status of your application.

Application deadlines are set by the school or institution awarding the scholarships. If you are applying after a given deadline date, please contact your school or institution to ensure that your application will be accepted.

**Customer Care Representatives are available Monday through Thursday from 7:30am to 7:00pm Central Time and Fridays 7:30am to 5:00pm Central Time.**



## **FACTS Grant & Aid Assessment**

[www.factsmgt.com](http://www.factsmgt.com) | 866.315.9262 | fax: 866.315.9264 | PO Box 82524  
Lincoln, NE 68501-2524 | To apply online: [online.factsmgt.com](http://online.factsmgt.com)

Dear Parents:

FACTS Grant & Aid Assessment will be conducting the financial need analysis for St. Joseph Regional Academy for the upcoming 2014-2015 school year. Families applying for financial aid will need to complete an application and submit the necessary supporting documentation to FACTS Grant & Aid Assessment by April 15, 2014. Applicants can apply online beginning February 28, 2014 at [www.sjracademy.org](http://www.sjracademy.org). Attached is a copy of the application so you can gather all information needed before you apply online. Once an online application has been completed, the following information will need to be sent to FACTS to complete the application process:

- Copies of your most recent Federal tax forms including all supporting tax schedules.
- Copies of your 2013 W-2 forms for both you and your spouse.
- Copies of supporting documentation for Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and TANF.

All supporting documentation can be uploaded in PDF format online.

Documentation can also be faxed to 1-866-315-9264 or mailed to the address below. Please be sure to include the applicant ID on all faxed or mailed correspondence.

FACTS Grant & Aid Assessment  
P.O. Box 82524  
Lincoln, NE 68501-2524

If you have questions or concerns about the application process, you may speak with a FACTS Customer Care Representative at 1-866-441-4637.

There is a \$15.00 application fee that is required online during the application process.

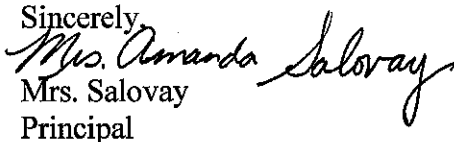
If you would like or need assistance, the school office will be able to assist you in the application process and with sending all your documentation needed for the application.

**March 19<sup>th</sup> and March 26<sup>th</sup>: 5:30-7:30pm, Bernadette and I will be available to assist you with the process.** We will have the computers in the library available for your use and we will fax the documents needed as well. All you need to bring is the information needed and all your documents needed.

Please take advantage of one of these nights!

If you are not able to attend one of these scheduled nights, please call the school office and we can schedule a day and time that would work for you.

Sincerely,

  
Mrs. Salovay  
Principal

### Applicant Information

Required fields are marked with\*

#### Parent or Guardian Information

123 Any Street  
 Applicant  
 Prefix  
 \*First  
 Andy  
 \*Last  
 \*City  
 \*State  
 \*Zip  
 Middle  
 Suffix  
 \*Mailing Address

Lincoln NE 68599  
 County of Residence  
 \*Country  
 United States

Daytime Phone Ext  
 US (555)555-5555

Cell Phone US  
 US

E-Mail Address Evening Phone Ext  
 troddel@factsmgt.com

\*Social Security Number \*Date of Birth

\*\*\*-\*\*-7272 January 1 1978

\*Marital Status \*Relationship to Student(s)  
 Single Father

Occupation Employer

\*Employment Status

Full Time

#### Place of Worship Information

I do not attend a Place of Worship  
 Religious

Affiliation++

Catholic

++ Demographic information is not required for FACTS to evaluate your need but may be required by your school, diocese, or organization providing the scholarship.

### Co-Applicant Information

Required fields are marked with\*

I do not have a Co-Applicant living in my household.

### Student Information

Required fields are marked with

*First Abbi	*Last Applicant	Middle
*Date of Birth January 1 2000	Gender++ <input type="radio"/> Male <input checked="" type="radio"/> Female	
Social Security Number ***-**-7676	*Ethnicity++ Caucasian	
<b>Place of Worship Information</b>		
Place of Worship ++ <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
<input type="checkbox"/> This student does not attend a Place of Worship		
Religious Affiliation++ <input type="text"/>		

++ Demographic information is not required for FACTS to evaluate your need but may be required by your school, diocese, or organization providing the scholarship.

### School Information

Required fields are marked with \*

Please estimate approximate amounts if you are not sure.

Select the  below for all tuition charging PK-12 schools where the student is applying to or will attend.

<b>Abbi Applicant</b>				
* School Applying To Test School for G&A	* Grade Entering 4th	* Annual Tuition \$6,000	* How much can you pay? \$800	\$0
Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce or paternity proceeding. Do not include child support payments.				
Is this student applying for a state funded scholarship or voucher No program? <input type="radio"/> Yes <input checked="" type="radio"/>				

### Taxable Income

Required fields are marked with \*

#### Size of Household

- \*1a. Number of adults living in this household?
- \*1b. Number of children living in this household?
- \*2. Do you file a federal income tax return?
- Yes, I file taxes
- Yes, I file taxes but do not receive income from W2's
- No, I do not file taxes
3. Does the co-applicant file a federal income tax return?
- Yes, files jointly with applicant
- Yes, files jointly with the applicant but does not receive income from W2's
- Yes, files separately from applicant
- Yes, files separately from the applicant and does not receive income from W2's  No, does not file

#### Taxable Income

- \*4. Please list the "Adjusted Gross Income" from the applicant's most recent federal income tax return.
5. If filing jointly or if there is not a co-applicant, enter "0". If filing separately,  list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return.
- \*6. Do you own any of the following?
- Business  Yes  No
- Farm  Yes  No

Rental Property  Yes  No

S Corporation  Yes  No

Partnership  Yes  No

Estates and Trusts  Yes  No

### Non-Taxable Income

Required fields are marked with \*

Please list the amount and frequency (Week, Month or Year) you receive for each type of non-taxable income.

		If none, enter 0	
*7.	Child Support Received per	\$0	
*8.	Social Security benefits received that were not taxed, per such as SSI	\$0	
*9.	Temporary Assistance for Needy Families (TANF) per	\$0	
*10.	Welfare and/or Aid for Families with Dependent Children (AFDC/ADC)	\$0	
*11.	Food Stamps per	\$0	
*12.	Tuition support anticipated from per friends/relatives/employer	\$0	
*13.	Worker's Compensation per	\$0	
*14.	Other Nontaxable Income per	\$0	

### Change of Income

Required fields are marked with \*

\*15. Do you anticipate a decrease in your annual income for 2012?  Yes  No

### Monthly Expenses

Required fields are marked with \*

#### Residential Expenses

\* 1. Do you rent or own your primary residence?  Rent  Own

\* 2. Monthly rent or mortgage payment? (include principal, interest, taxes and home insurance.) \$500

\* 3. Do you own a second home (not including rental property)?  Yes  No

a. If yes, what is the monthly mortgage payment on your second home (including principal, interest, taxes, and home insurance)?

\* 4. Monthly home equity loan payments \$0

#### Vehicle Expense

5. Add all vehicles leased or owned, including any vehicle that does not have a monthly payment. Please do not include insurance expense.

Make/Model	Year	Monthly Payment
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#### Credit Cards and Other Loans

\* 6. Total Credit Card Debt \$0

\* 7. Total of all minimum amounts due on monthly credit card statements \$0

\* 8. Monthly student loan payments for family members no longer attending college \$0

\* 9. Do you have other monthly loan payments? (Do not include cell phone,  Yes  No utilities, or other living expenses.) If yes, please list below.

\$0  
\$100

Loan Creditor	Monthly Payment
* 10. Monthly Child Support Payments	

- \* 11a. Health insurance premiums paid per month
- \* 11b. Health insurance premiums are paid Directly to the insurance company

### Annual Expenses

Required fields are marked with \*

*	12.	Annual Vehicle Insurance Expense	\$500
*	13.	Total annual out-of-pocket medical expenses not paid by insurance	\$600
*	14.	Charitable contributions - cash or checks per year	\$250

### College Expenses

*	15a.	Number of family members attending college beginning this fall	0
	15b.	Total amount of your family's out-of-pocket cost for college expected this school year	\$0

### Child/Day Care Expenses

(Do not include preschool/prekindergarten expenses. This should be indicated in Section 2 School Information.)

*	16a.	Number of children for whom you pay child/day care expenses beginning this fall	0
	16b.	Total amount of child/day care expenses expected this year	\$0

### Elder Care Expenses

*	17a.	Number of people for whom you pay elder care expenses	0
	17b.	Total amount of elder care expenses expected this year	\$0

### Additional Questions from Test School for G&A

Please list the amount you spend annually on all your other expenses.

\$00

Please list the amount you spend annually on mobile phones.

\$00

### Assets & Liabilities

Required fields are marked with \*

*	1.	Value of cash, savings, and/or checking accounts	\$100
*	2.	Value of stocks, bond investments, mutual funds, and/or certificates of deposit	\$500
*	3.	Value of retirement plan assets	\$2,500
*	4.	What is your and/or your spouse's annual contribution to plan assets?	\$300 retirement
	5.	If you own your home, what is the estimated value?	\$0
	6.	If you own your home, what is the amount you owe?	\$0
	7.	If you own a second home, what is the estimated value?	\$0
	8.	If you own a second home, what is the amount you owe?	\$0

### Additional Questions from Test School for G&A

Please list the amount of money you have hidden under mattresses or buried in the ground.

\$0

### Additional Information

Required fields are marked with \*

Additional information is being requested by one or more Institutions where you are applying for financial assistance. Please complete the following information.

#### Test School for G&A

Please explain why your family feels it needs financial aid.

asdf asdf asdf