



Scholarship Application

2015
2016

OFFICE USE ONLY
Barcode



Nevada Educational Choice Scholarship Program

K-12 Scholarship Application

New Scholarships are awarded on a first completed, first awarded basis.

DO NOT enroll your child into a private school until you have received a SCHOLARSHIP AWARD LETTER and School Commitment Form (SCF)! Funding is not guaranteed. If you enroll your child before receipt of a SCF, you will be responsible for your child's tuition and fees.

ARE YOU ELIGIBLE TO SUBMIT YOUR APPLICATION?

- Do you live in the state of Nevada?
 - Yes. Continue.
 - No. **STOP**, do not apply, because your household is not eligible.
- Is your student(s) entering K through 12th grade for the 2015-2016 school year?
 - Yes. Continue for these students.
 - No. **STOP**, these students are not eligible. Students must be entering K-12th grade to be eligible for a scholarship.
- Will your student be between the required ages to attend school for your state on or before September 30th, 2015?
 - Yes, my Nevada student will be 5 years old but not 18 years old or older on September 30th, 2015. Please continue to #4.
 - No, my student will not meet the age requirements for my state. Your student does not qualify to receive a 2015-16 AAA scholarship.
- AAA Scholarship Foundation considers ALL household members and their income. To figure out your household size, add ALL the people you live with together; this number is your household size. Now, add ALL your income together for everyone who lives with you; this is your total income. If you include ALL household members and ALL income received into the household, do you meet the income guidelines at the bottom of this page?
 - Yes. If you are a RENEWAL family and are not adding any new student(s), continue to the application.
 - Yes. If you are a RENEWAL family and are adding any new student(s), continue to the application.
 - Yes. Continue to the application.
 - No. Your family is not eligible.

Check, Money Order, or Credit Card (form attached) payable to PRIVATE SCHOOL AID SERVICE for the non-refundable application fee of \$25.00. Payment by check or electronic funds transfer (ACH) is your express authorization that if the payment is returned unpaid for any reason you consent to have your bank account electronically debited twice by PSAS or a third party collection agent. One debit will recover the item amount and the second debit will be the charge for applicable returned check and collection fees as allowed by law.

2015-2016 Household Income/Financial Resources Table

Household size	New Household Maximum \$7,500 Award	Renewal & Transfer Only Household Maximum \$7,500 Award	New, Renewal & Transfer Only Household Maximum \$5,625 Award	New, Renewal & Transfer Only Household Maximum \$3,750 Award
1	\$21,775	\$23,540	\$26,483	\$29,425
2	\$29,471	\$31,860	\$35,843	\$39,825
3	\$37,167	\$40,180	\$45,203	\$50,225
4	\$44,863	\$48,500	\$54,563	\$60,625
Each add'l person add:	\$7,696	\$8,320	\$9,360	\$10,400

This application is the ONLY chance you have to explain your household situation. Please use additional paper if needed to give us ALL needed information to determine your eligibility. All information must be disclosed NOW. Failure to fully document and complete this application WILL result in your application being denied. You will not be able to provide additional information after processing to change the decision of eligibility made based on the original application and documentation.

MAIL APPLICATION AND REQUIRED DOCUMENTATION TO:

PSAS / AAA SCHOLARSHIP FOUNDATION, P.O. BOX 89434, CLEVELAND, OHIO 44101-6434

To check the processing status of your application (4-6 weeks after mailing), go to www.my.psas.org or call (866) 424-6443.

Parent/Guardian A: _____ SS#: _____
 Print Name

E Sworn Statements for IRS Did Not File

Did all adults (18 or older) residing in your home file a Federal Tax Return?

- Yes. Do not complete this Section. No. Complete this Section and Section H for all adults who did not file a Federal Tax Return.

ATTENTION: This sworn statement will be accepted as documentation that this person did not file 2014 taxes. However, you may be REQUIRED to provide documentation verifying the Did Not File status later this year. ALL adults in the household who Did Not File taxes and are not claimed on a provided Tax Return must EACH complete this section (or a copy of this section if more than one person).

UNDER PENALTY OF PERJURY I DECLARE UNDER OATH THAT I DID NOT FILE FOR THE 2014 YEAR AND I UNDERSTAND THIS FORM ACTS AS MY VERIFICATION OF NON-FILING. I ALSO DECLARE UNDER OATH THAT ALL OF THE STATEMENTS HERE ARE TRUE AND COMPLETE.

I, _____ did not file a tax return for the following reason (check one):
 (Print Name)

- I received no taxable income.
- My taxable income received was less than the amount required for filing with the IRS. Amount Received \$ _____
- Other (explain) _____

I was NOT required to file a 2014 Federal Income Tax Return. In place of a tax return, I have completed this notice and attached all income documentation.

Signature of Person Who Did Not File _____ Relationship to PARENT/GUARDIAN A/B _____

F Student Information (Only complete for students for whom you want a scholarship)

For additional students, make a copy of this page before completing or answer every question on an additional sheet of paper.

1	Name (Last, First, MI):	Date of Birth:	Social Security #:	Gender: <input type="radio"/> Male <input type="radio"/> Female	Relationship to Parent/Guardian A: <input type="radio"/> Child/Stepchild <input type="radio"/> Niece/Nephew <input type="radio"/> Foster Child <input type="radio"/> Grandchild <input type="radio"/> Other (Explain): _____
	Race: <input type="radio"/> American Indian or Alaska Native - Print name of enrolled or principle tribe: _____ <input type="radio"/> White , not Hispanic, Latino or Spanish origin/descent				
<input type="radio"/> Asian - If yes: <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other, please specify: _____ <input type="radio"/> Pacific Islander					
<input type="radio"/> Black - If yes: <input type="checkbox"/> Haitian <input type="checkbox"/> Mixed Race <input type="radio"/> Not Reporting					
<input type="radio"/> Hispanic - If yes: <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican, Mexican Am. <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other, please specify: _____					
Grade level student will be entering in August of 2015:	Name of School attended in 2014-2015:			School County attended in 2014-2015:	
Type of School attended in 2014-2015: <input type="radio"/> Public <input type="radio"/> Home School <input type="radio"/> Virtual <input type="radio"/> Private <input type="radio"/> Charter <input type="radio"/> Not Applicable		Type of Student*: <input type="radio"/> New <input type="radio"/> Transfer <input type="radio"/> Renewal <input type="radio"/> Add-On		Does this student receive any of the following?: <input type="radio"/> TANF <input type="radio"/> FDPIR <input type="radio"/> ESE <input type="radio"/> Food Stamps <input type="radio"/> Free/Reduced Lunch <input type="radio"/> Title 1	

*Renewal means you signed scholarship checks for this student in 2014/2015. Add-on means you signed scholarship checks for another student in your home in 2014/2015, but not for this student. New means you did not sign scholarship checks in 2014/2015 for any students in your home. Transfer means this student received funding from another scholarship organization in the past.

2	Name (Last, First, MI):	Date of Birth:	Social Security #:	Gender: <input type="radio"/> Male <input type="radio"/> Female	Relationship to Parent/Guardian A: <input type="radio"/> Child/Stepchild <input type="radio"/> Niece/Nephew <input type="radio"/> Foster Child <input type="radio"/> Grandchild <input type="radio"/> Other (Explain): _____
	Race: <input type="radio"/> American Indian or Alaska Native - Print name of enrolled or principle tribe: _____ <input type="radio"/> White , not Hispanic, Latino or Spanish origin/descent				
<input type="radio"/> Asian - If yes: <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other, please specify: _____ <input type="radio"/> Pacific Islander					
<input type="radio"/> Black - If yes: <input type="checkbox"/> Haitian <input type="checkbox"/> Mixed Race <input type="radio"/> Not Reporting					
<input type="radio"/> Hispanic - If yes: <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican, Mexican Am. <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other, please specify: _____					
Grade level student will be entering in August of 2015:	Name of School attended in 2014-2015:			School County attended in 2014-2015:	
Type of School attended in 2014-2015: <input type="radio"/> Public <input type="radio"/> Home School <input type="radio"/> Virtual <input type="radio"/> Private <input type="radio"/> Charter <input type="radio"/> Not Applicable		Type of Student*: <input type="radio"/> New <input type="radio"/> Transfer <input type="radio"/> Renewal <input type="radio"/> Add-On		Does this student receive any of the following?: <input type="radio"/> TANF <input type="radio"/> FDPIR <input type="radio"/> ESE <input type="radio"/> Food Stamps <input type="radio"/> Free/Reduced Lunch <input type="radio"/> Title 1	

*Renewal means you signed scholarship checks for this student in 2014/2015. Add-on means you signed scholarship checks for another student in your home in 2014/2015, but not for this student. New means you did not sign scholarship checks in 2014/2015 for any students in your home. Transfer means this student received funding from another scholarship organization in the past.

This application is the ONLY chance you have to explain your household situation. Please use additional paper if needed to give us ALL needed information to determine your eligibility. All information must be disclosed NOW. Failure to fully document and complete this application WILL result in your application being denied. You will not be able to provide additional information after processing to change the decision of eligibility made based on the original application and documentation.

G Taxable Income (Answers in US\$ ONLY)

The **2014** federal tax return for our household was:

- Filed (Complete all of Section G)
- Not filed yet (**Stop**. Do not apply until you have a signed **2014** Tax Return. Extensions are not acceptable.)
- I/We do not file. I/We only receive non-taxable income - Complete Sections E & H

Actual 2014

1. Total number of exemptions claimed on Federal Income Tax form (1040 line 6d)
2. From Income Section enter the Total Income (See **2014** 1040 line 22 or 1040A line 15) \$ _____
3. Net business income* from self-employment, farm, rentals, and other businesses. (Attach Schedules C, E, and/or F from your IRS1040) See **2014** 1040 lines 12, 17, and 18 \$ _____

*Business Income must be adjusted to zero and therefore the total income will be adjusted to determine the household eligibility.

H Non-Taxable Income (Answers in US\$ ONLY)

List the **total amount** received from **1/1/14-12/31/14** 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 (SNAP) \$ _____ per year*
13. Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.) \$ _____ per year*
14. Housing Assistance (Sec. 8, HUD, parsonage, etc.) \$ _____ per year*
15. Other non-taxable income (Working for cash, Adoption and/or Foster Subsidy, Worker's Comp., Disability, Pension/Retirement, etc. Identify source(s) in Section L) \$ _____ per year*
16. Gifts from family and/or friends \$ _____ per year
17. Loans from family and/or friends \$ _____ per year
18. Personal Savings/Investment Accounts used for household expenses in **2014** (Do not include totals listed in Section J) \$ _____ per year

*You must provide **2014 YEAR-END** documentation for items 10-15; either a **YEAR-END Statement** from the appropriate Public Agency, or documentation showing totals from **1/1/14-12/31/14**.

I Housing Information (DO NOT LEAVE BLANK)

19. If renting, what is the monthly rental payment? \$ _____
 - a. Amount paid by household \$ _____ per month
 - b. Amount paid by other source(s) \$ _____ per month
20. If you own a residence, what is the monthly mortgage payment? \$ _____
 - a. Amount paid by household \$ _____ per month
 - b. Amount paid by other source(s) \$ _____ per month

J Assets & Investments (Current Values)

21. Total amount in cash, checking, and savings accounts \$ _____
22. Total value of money market funds, mutual funds, stocks, bonds, CDs, or other securities \$ _____
23. Total value of IRA, Keogh, 401K, SEP, or other retirement accounts \$ _____
 - a. What was your total contribution to your retirement account(s) in **2014** (IRA, Keogh, 401K, SEP, etc.)? \$ _____
24. If you own real estate other than your primary residence:
 - a. What is the fair market value? \$ _____
 - b. What is the amount still owed? \$ _____

K Unusual Circumstances

Check all that apply to your situation recently. Provide current circumstance(s) if different than 2014.

- | | |
|--|---|
| <input type="checkbox"/> a. Loss of job | <input type="checkbox"/> g. Illness or injury |
| <input type="checkbox"/> b. Recent separation/divorce | <input type="checkbox"/> h. Death in the household |
| <input type="checkbox"/> c. Change in family living status | <input type="checkbox"/> i. Change in custody |
| <input type="checkbox"/> d. Change in work status | <input type="checkbox"/> j. Child support reduction |
| <input type="checkbox"/> e. Bankruptcy | <input type="checkbox"/> k. Medical/Dental expenses |
| <input type="checkbox"/> f. Income reduction | <input type="checkbox"/> l. Other |

Attach a letter of explanation and documentation for all checked above.

Office Use Only			
AAA _____	H _____	\$ _____	FT _____

This application is the **ONLY** chance you have to explain your household situation. Please use additional paper if needed to give us **ALL** needed information to determine your eligibility. All information must be disclosed **NOW**. Failure to fully document and complete this application **WILL** result in your application being denied. You will not be able to provide additional information after processing to change the decision of eligibility made based on the original application and documentation.

Parent/Guardian A: _____
 Print Name

SS#: _____

L How did you hear about AAA Scholarship Program?

- a. Renewing Household
- b. Another scholarship parent
- c. Referred by friend, family or work associate not on scholarship
- d. Referred by private school
- e. Flyer, brochure or poster
- f. At an event in my community
- g. Newspaper ad or article
- h. State Agency
- i. Internet search
- j. Radio ad
- k. Employer communication
- l. Google Search
- m. Facebook
- n. LinkedIn
- o. Other: _____

M Certification and Authorization Signature(s)

- ▶ I certify that the information provided on the application and all supporting documentation submitted at any time is true, correct and complete to the best of my knowledge. I understand that if I give information that is not true or if I withhold information and my student(s) receive a scholarship for which they are not eligible, I can be lawfully punished for fraud and the scholarship will be denied or revoked.
- ▶ I certify that no parent/guardian of a student on this application is an owner, operator, principal or person with equivalent decision making authority of an eligible private school or not at the school which my student will attend.
- ▶ I understand that any information I provide at any time will be verified, which may include computer file matching, public records search, IRS transcripts and that I may be required to provide other information and/or documentation.
- ▶ I authorize the release of personal, financial and educational information for the purpose of determining eligibility and for research.
- ▶ I understand that AAA Scholarship Foundation does not discriminate because of race, color, sex, age, disability, religion, nationality or political belief.
- ▶ I authorize AAA Scholarship Foundation and its application processing company to make this form and the information therein available to the appropriate state agencies as required by the law governing the scholarships.
- ▶ I authorize the application and all attachments to be returned to AAA Scholarship Foundation from the application processing company.
- ▶ I agree to follow the rules and responsibilities as they apply to the program as set forth in the Parent and School Handbook, available online at www.aaascholarships.org.
- ▶ I understand if I am deemed eligible and am awarded a scholarship, that I am not automatically entitled to a scholarship in following years.
- ▶ I understand that it is my responsibility to reapply and document my eligibility whenever I am required to if I accept a scholarship.
- ▶ I understand if I enroll my student(s) into a private school before receipt of a Scholarship Award Letter and School Commitment Form (SCF), I will be responsible for their tuition and fees. I understand funding is not guaranteed.

Checkout	<input type="checkbox"/> Non-Refundable Application Processing Fee \$25.00	
SIGN HERE	*Please make checks payable to PSAS or complete Credit Card Payment form on page 9	Total <input style="width: 50px;" type="text"/>

A school tuition organization cannot award, restrict or reserve scholarships solely based on the basis of a donor's recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent.

▶ Parent/Guardian A _____ Date _____ Parent/Guardian B _____ Date _____

REQUIRED DOCUMENTATION

Along with the completed application you MUST include the following (and any other documentation requested):

- Copies of Birth Certificates for all children 18 and under
- 2014 SIGNED** Federal Tax Return and all Schedules/Forms
- 2014** year-end non-taxable income documentation
- Report Card, if required
- Separated spouse documentation, if needed
- Letter/documentation of Unusual Circumstances, if needed

MAIL APPLICATION AND REQUIRED DOCUMENTATION TO:

PSAS / AAA SCHOLARSHIP FOUNDATION
 P.O. BOX 89434
 CLEVELAND, OHIO 44101-6434

INSTRUCTIONS

Answer or check **ALL** questions. Leaving questions blank may delay processing and may lead to your household not being eligible for a scholarship.

A & B Parent or Guardian

Please determine which Parent/Guardian in the household will be able to go to the school and sign scholarship checks four times per year then complete this application with that individual as Parent "A". Parent/Guardian "A" will be required to sign each scholarship check. Parent/Guardian "B" will NOT be allowed to sign scholarship checks. If Parent/Guardian "A" is later unable to sign scholarship checks contact AAA immediately.

This scholarship application should be completed by the parent(s)/guardian(s) with whom the student(s) is living. If the parents/guardians are divorced or separated, only the household with primary residential custody should fill out the form. If Parent/Guardian A is divorced and remarried, list information for custodial parent and new spouse as Parent/Guardian A and B. Write Parent/Guardian A's social security number (your family code) on each page of the application, all other documents included, and any supplemental documentation sent in after the original application is submitted.

Parent/Guardian A will be required to sign each scholarship check.

C Household Information

ITEM 1: Enter total number of individuals living in household, including parents/guardians, children, college students, and all others. Do not include children who have permanently moved out of the home.

ITEM 2: Please identify the primary language spoken in your household.

ITEM 3: For separated parents/guardians only: Documentation verifying a separate address is **REQUIRED**. Acceptable documentation from the separated spouse includes either a court document showing a different address, a utility bill dated in **2014** showing a separate address, or a **2014** Federal 1040 Tax Return Transcript showing a separate address. If Parent/Guardian A is unable to supply the acceptable documentation, the household eligibility will not be able to be determined and no scholarship will be able to be awarded - please consider this when applying.

D Household Members Clarification

List all individuals who lived in the household during **2014**. Identify the relationship to the parent, the age of the individual, check whether they filed or did not file a **2014** tax return, list their total income and how long they have lived in the household. **2014** Income Documentation for each income-earning household member must be provided.

A birth certificate is required for all children 18 and under.

E Sworn Statement for IRS Did Not File

All adults (18 or older) residing in the household who did not file a tax return must complete this section. Copies of this section can be made and completed if more than one person "did not file" a tax return. If ALL adults living in the household DID file a **2014** tax return or were claimed by a household member mark "N/A" through this section and go to section F.

F Student Information

If applying for more than two students, make a copy of Section F prior to completing and include this additional sheet with the application. Be sure to write Parent/Guardian A's name on this additional page.

Only list any student applying for the scholarship in this section. In order to qualify for **2015-2016**, the student must be between 5 years and 18 years old on September 30, 2015. Students 4 years and younger or 19 years and older are not eligible for the scholarship.

G Taxable Income

List all actual amounts for **2014**.

ITEM 1: Enter the total number of exemptions you claimed on your **2014** IRS Form 1040, 1040A, or 1040EZ.

ITEM 2: Enter amount from Income Section enter the Total Income (See 2014 1040 line 22 or 1040A line 15).

ITEM 3: Net business income* from self-employment, farm rentals, and other businesses. See 2014 1040 lines 12, 17, and 18. Schedules C, E, and/or F from your IRS 1040 must be submitted for your application to be processed. *Business losses must be adjusted to zero and therefore the total income will be adjusted accordingly to determine household eligibility.*

INSTRUCTIONS (cont.)

Answer or check ALL questions. Leaving questions blank may delay processing and may lead to your household not being eligible for a scholarship.

H Non-Taxable Income

If you receive non-taxable income, **you must list and provide documentation of the TOTAL YEARLY AMOUNTS received in 2014** 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 actually received for 2014 for all children in the household.

ITEM 11: Cash Assistance (TANF): Report total amount received for 2014.

ITEM 12: Food Stamps: Report total amount received for 2014. Do not combine with TANF or Medicaid.

ITEM 13: Social Security benefits: Report the total non-taxable (SSA/SSD, etc.) amount received in 2014 for all recipients in household.

ITEM 14: Housing assistance: Report the total amount received for 2014. Identify in Section I all sources of Housing assistance (government assistance, Section 8, HUD, parsonage).

ITEM 15: Other non-taxable income: Report all additional non-taxable income received in 2014 including: Deductible IRA or Keogh payments; untaxed portions of pensions; tax exempt interest income; foreign income exclusion; Workers' Compensation; veterans non-education benefits (Death Pension, Dependency and Indemnity Compensation, etc.); food and other living allowances paid to members of the military, clergy or others; 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); or any other untaxed benefit or income not subject to taxation by any government (Refugee Assistance, VA Educational Work-Study, etc.). Identify source(s) in Section H or on a separate sheet.

ITEM 16: Gifts received from family and/or friends: Report the total amount received in 2014.

ITEM 17: Loans received from family and/or friends: Report the total amount received in 2014.

ITEM 18: Personal Savings/Investment Accounts: Report the total amount used in 2014 for household expenses.

I Housing Information

ITEMS 19: If you rent/lease your home or apartment, list your monthly rental or lease payment here, including amounts paid by household and other sources.

ITEM 20: If you own your home, list your monthly mortgage payment, including amounts paid by household and other sources.

J Assets and Investments

ITEM 21: List total of current balances in cash, savings, and checking accounts. Do not include IRAs or Keoghs.

ITEM 22: List total current market value of money market funds, mutual funds, stocks, bonds, CDs or other securities.

ITEM 23: List total current market value of all retirement funds, including IRA, Keogh, 401K, and SEP plans or other retirement accounts.

ITEM 24: Answer Items 24a and 24b for any and all investment real estate (not including the family's primary residence), if applicable. Second homes, rental properties, and land contracts should be included.

K Unusual Circumstances

Check all items that apply to your situation, if different than 2014. If your circumstances require explanation beyond the scope of this application, include a letter of explanation and documentation.

L How did you hear about AAA Scholarship Program?

Check all that apply.

M Certification and Authorization Signature(s)

Parent A and Parent B must sign the application in this section. By signing the application, you also certify that the information submitted is true, correct, and complete. This application CANNOT be completed without the appropriate signature(s) and the appropriate documentation. Your signature authorizes PSAS to release the application and required documentation to AAA Scholarship Foundation.

REQUIRED DOCUMENTATION

You must submit photocopies of birth certificates for all children 18 and under, all pages of your signed 2014 Federal Tax Return Form 1040, 1040A or 1040EZ as filed with the IRS, with all Schedules for any wage-earning adult residing with the applicant(s). Do not include your State tax return unless requested. 2014 Tax Return Extensions are not accepted.

If you receive non-taxable income (Section H):

You must submit photocopies of your 2014 YEAR-END (01/01/14 - 12/31/14) Cash Assistance documentation (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Social Security Income statements, showing the TOTAL AMOUNT received in 2014 for ALL members of the household. If you list any total for Section H, line 15, you must identify source(s) on a separate sheet of paper.

Along with your application, you must include:

Copies of your 2014 Form 1040, 1040A, or 1040EZ (all pages)

Form **1040** Department of the Treasury - Internal Revenue Service (99) **2014** U.S. Individual Income Tax Return OMB No. 1545-0074 PS Use Only - Do not write or staple in this space.

Your first name and initial Last name Your social security number
 If a joint return, spouse's first name and initial Last name Spouse's social security number
 Home address (number and street), if you have a P.O. box, see instructions. Apt. no.
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
 Foreign country name Foreign province/state/country Foreign postal code

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here.
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
 5 Qualifying widow(er) with dependent child

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse
 c **Dependents:**
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit (see instructions)
 d Total number of exemptions claimed

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2
 8a Taxable interest. Attach Schedule B if required
 b Tax-exempt interest. Do not include on line 8a
 9a Ordinary dividends. Attach Schedule B if required
 b Qualified dividends
 10 Taxable refunds, credits, or offsets of state and local income taxes
 11 Alimony received
 12 Business income or (loss). Attach Schedule C or C-EZ
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
 14 Other gains or (losses). Attach Form 4797
 15a IRA distributions 15b Taxable amount
 16a Pensions and annuities 16b Taxable amount
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
 18 Farm income or (loss). Attach Schedule F
 19 Unemployment compensation
 20a Social security benefits 20b Taxable amount
 21 Other income. List type and amount
 22 Combine the amounts in the far-right column for lines 7 through 21. This is your total income

Adjusted Gross Income
 23 Educator expenses
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
 25 Health savings account deduction. Attach Form 8889
 26 Moving expenses. Attach Form 3903
 27 Deductible part of self-employment tax. Attach Schedule SE
 28 Self-employed SEP, SIMPLE, and qualified plans
 29 Self-employed health insurance deduction
 30 Penalty on early withdrawal of savings
 31a Alimony paid b Recipient's SSN
 32 IRA deduction
 33 Student loan interest deduction
 34 Tuition and fees. Attach Form 8917
 35 Domestic production activities deduction. Attach Form 8903
 36 Add lines 23 through 35
 37 Subtract line 36 from line 22. This is your adjusted gross income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2014)

Application Checklist

- Make sure that all the information about your household is correct.
- SIGN the completed application and second page of all tax returns and return it with all the required documentation. If two Parent/Guardian(s) are listed, both must sign the application for it to be processed.
- Send documentation of each member of your household's income. This must include a signed copy of last year's tax return(s), IRS Transcript and/or year-end award letters/statements for any and all income sources.
- Fill in the information asked for in the blank spaces throughout this form; indicate N/A or 0 if items do not apply to your situation. **Do not leave any spaces blank.** Attach an additional sheet of paper, if necessary.
- Write Parent/Guardian A's Social Security Number (your family code) on every document submitted; both with the application and any documents sent at a later time. **Failure to complete this step may lead to your document not being matched up with your application, and may lead to your household not being eligible for a scholarship.**
- Send readable copies of documentation only. DO NOT send original documents. Documents will not be returned.
- Separated spouse documentation, if applicable.
- A Birth Certificate for all children 18 and under.
- Letters of explanation (if applicable).

Copies of your 2014 W-2 Forms FROM ALL EMPLOYERS

Employee's social security number OMB No. 1545-0008

b Employer identification number (EIN)
 c Employer's name, address, and ZIP code
 d Control number
 e Employer's first name and initial Last name Suffix
 f Employer's address and ZIP code

1 Wages, tips, other compensation
 2 Federal income tax withheld
 3 Social security wages
 4 Social security tax withheld
 5 Medicare wages and tips
 6 Medicare tax withheld
 7 Social security tips
 8 Allocated tips
 9
 10 Dependent care benefits
 11 Nonqualified plans
 12a
 12b
 12c
 12d
 13 Section 503(c)(2) election
 14 Other
 15a Employer's state ID number
 16 State wages, tips, etc.
 17 State income tax
 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name

Form **W-2 Wage and Tax Statement** **2014** Department of the Treasury - Internal Revenue Service
 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return

Copies of your 2014 1099 Forms (where applicable)

VOID CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.
 PAYER'S federal identification number
 RECIPIENT'S identification number
 RECIPIENT'S name
 Street address (including apt. no.)
 City or town, province or state, country, and ZIP or foreign postal code
 Account number (see instructions)
 2nd TIN not

1 Rents
 2 Royalties
 3 Other income
 4 Federal income tax withheld
 5 Fishing boat proceeds
 6 Medical and health care payments
 7 Nonemployee compensation
 8 Substitute payments in lieu of dividends or interest
 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale
 10 Crop insurance proceeds
 11 Foreign tax paid
 12 Foreign country or U.S. possession
 13 Excess golden parachute payments
 14 Gross proceeds paid to an attorney
 15a Section 409A deferrals
 15b Section 409A income
 16 State tax withheld
 17 State/Payer's state no.
 18 State income

Form **1099-MISC** www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

If you do not have all of the documentation required:

**Contact the IRS for a transcript of your complete 1040, 1040A, or 1040EZ, and any Schedules, etc.
 Contact your employer for a copy of your W-2. Contact the appropriate company for a copy of your 1099.**



PAYMENT FORM

Application ID (if known): _____

Did you submit a paper/PDF or an online application? (check one)

Name of primary parent on application:

Last Name:

First Name:

Middle Initial:

List one student recorded on your application:

Last Name:

First Name:

Middle Initial:

Name of Program/School/Scholarship applying to:

Name as it appears on the payment account:

Last Name:

First Name:

Middle Initial:

Billing Address:

Apt #:

City:

State:

Zip Code:

Phone Number of Payee:

Select **ONE** of the two payment options below and complete the requested payment information:

Credit or Debit Card:

Card Type: Visa Mastercard Discover American Express

Credit/Debit Card Number:

16 digits (American Express - only 15)

Expiration Date:

Security Code on back of card:

3 digits (American Express - 4 digits on front of card)

Payment amount:

- OR -

Bank Account Transfer (ACH):

Bank Account Type: Checking Savings

Bank Routing #:

9 digits

Bank Account #:

Up to 17 digits

Payment amount:

I understand that Private School Aid Service will charge my credit/debit card or debit my bank account for the application processing fee.

Concerning ACH Payments: We suggest confirming with your financial institution that third-party debits are allowed from the account you wish to use. If you have not confirmed this, as well as the information required to process the payment(s), we cannot confirm the payment(s) made will process successfully. Please be aware that passbook savings, equity lines of credit, and most money market accounts do not allow third-party debit. It is your responsibility to make sure there are adequate funds in your account today. All payments will be cleared and processed by your bank to determine availability of funds. Typically this process can take up to 3-5 business days and is dependent upon your financial institution. Payment by Electronic Funds Transfer (ACH) is your express authorization that if the payment is returned unpaid for any reason you consent to have your bank account electronically debited twice by PSAS or its third party payment processor or collections agency. One debit will recover the item amount and the second debit will be the charge for applicable returned check and collection fees as allowed by law.

Signature