



CONFIDENTIAL

TUITION ASSISTANCE APPLICATION

Established in 2011, the Tuition Assistance Program is designed to assist Freedom Academy students who demonstrate a financial need to attain training.

Eligibility and Awards

Applications may be obtained from the Freedom Academy office.

Applications will be considered for an award only if funds are available.

Eligible applicants must be an Indiana resident. Applicant does not have other tuition reimbursement available to them through an employer or an employer's in-house training program, WorkOne funds, etc.

The award amount is based on the number of eligible students and the amount of funds appropriated by Freedom Academy. Maximum Annual Award = \$1000.

READ ALL DIRECTIONS BEFORE BEGINNING TO FILL OUT THIS FORM

1. Answer items **completely and honestly**. Do not leave any item blank unless it does not apply to you. Feel free to attach any explanation, which may help us better understand your situation.
4. If this year's projected income/expense varies significantly from last year, you should attach an explanation referring to the appropriate numbered line.
5. Information on the form is **confidential**, and will only be used to determine financial need.

PLEASE INCLUDE THIS INFORMATION WITH YOUR APPLICATION

- A) A copy of ALL pages of last year's **Indiana Income Tax Return**, including all schedules. For e-filers and tele-filers, include a copy of the on-line work sheet.
- B) Copies of ALL last year's W-2s, Schedule C and 1099s for parent/guardian/applicants. No copies will be returned.
- C) **IMPORTANT:** If the above items do not accompany this application, your application will not be processed.

DO YOU OWN ANY OF THE FOLLOWING?

yes	no	BUSINESS – Attach Schedule C or C-EZ (Form 1040)
yes	no	FARM – Attach Schedule F (Form 1040)
yes	no	RENTAL PROPERTY – Attach Schedule E (Form 1040)
yes	no	S CORPORATION – Attach Schedule E (Form 1040), Form 11205 and Schedule K-1
yes	no	PARTNERSHIP – Attach Schedule E (Form 1040), Form 1065 and Schedule K-1

OTHER INCOME	ACTUAL	ESTIMATED
11. WELFARE INCOME / FOOD STAMPS (ANNUAL AMOUNT).....	\$ _____	\$ _____
12. UNEMPLOYMENT BENEFITS (ANNUAL AMOUNT).....	\$ _____	\$ _____
13. TOTAL SOCIAL SECURITY, RETIREMENT, INSURANCE, DISABILITY, VETERAN'S BENEFITS received by ALL family members (including children) (ANNUAL AMOUNT)	\$ _____	\$ _____
14. ALIMONY, PLUS CHILD SUPPORT from any other source (ANNUAL AMOUNT).....	\$ _____	\$ _____
15. RENTAL INCOME YOU RECEIVE (ANNUAL AMOUNT).....	\$ _____	\$ _____
16. MILITARY INCOME (ANNUAL AMOUNT).....	\$ _____	\$ _____
17. INTEREST INCOME (ANNUAL AMOUNT).....	\$ _____	\$ _____
18. DIVIDEND INCOME (ANNUAL AMOUNT).....	\$ _____	\$ _____
19. OTHER INCOME RECEIVED (ANNUAL AMOUNT) (Indicate source).....	\$ _____	\$ _____

OTHER EXPENSES	ACTUAL	ESTIMATED
20. RENTAL – Amount paid (ANNUAL AMOUNT)	\$ _____	\$ _____
21. MORTGAGE PAYMENT – Amount paid (ANNUAL AMOUNT) (Include second mortgage, home equity and loan payments).....	\$ _____	\$ _____
22. INSURANCE AND TAX AMOUNT IF PAID SEPARATELY FROM MORTGAGE (ANNUAL AMOUNT).....	\$ _____	\$ _____
23. CHILD CARE COST (Paid by parents) (ANNUAL AMOUNT).....	\$ _____	\$ _____
24. GRADE/HIGH SCHOOL COSTS (Paid by parents) (ANNUAL AMOUNT).....	\$ _____	\$ _____
25. TRADE SCHOOL/COLLEGE/UNIVERSITY COSTS (Paid by parents) (ANNUAL AMOUNT).....	\$ _____	\$ _____
26. STUDENT LOAN PAYMENTS (ANNUAL AMOUNT).....	\$ _____	\$ _____
27. CHILD SUPPORT – Amount paid (ANNUAL AMOUNT).....	\$ _____	\$ _____
28. ANNUAL MEDICAL EXPENSES (doctor, dental and medicines only) not reimbursed by insurance (If over \$3000, attach an itemized explanation of all medical expenses not reimbursed by insurance).....	\$ _____	\$ _____
29. MEDICAL INSURANCE PREMIUMS PAID BY EMPLOYEE/INDIVIDUAL (ANNUAL AMOUNT).....	\$ _____	\$ _____
30. CREDIT CARD EXPENSE PRINCIPAL AND INTEREST (ANNUAL AMOUNT).....	\$ _____	\$ _____
31. AUTOMOBILE LOAN OR LEASE PAYMENTS (ANNUAL AMOUNT).....	\$ _____	\$ _____
32. AUTO INSURANCE (ANNUAL AMOUNT).....	\$ _____	\$ _____
33. CHARITABLE CONTRIBUTIONS (ANNUAL AMOUNT).....	\$ _____	\$ _____

My signature below testifies that I believe the information on this form is complete and accurate. *(Please print clearly all information except Signatures.)* I declare that the information reported on this form, to the best of my knowledge and belief, is true, correct, and complete. Further, if requested, I agree to send to the Tuition Assistance Program a copy of last year's federal income tax return or other verification.

APPLICANT'S SIGNATURE: _____

NAME:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE (HOME):
PHONE (CELL):
EMAIL:
COURSE REQUESTING ASSISTANCE:
AMOUNT OF ASSISTANCE REQUESTED:

**MAIL TO: FREEDOM ACADEMY
TUITION ASSISTANCE PROGRAM
P.O. BOX 515
KENDALLVILLE, IN 46755**

FOR OFFICE USE ONLY:
REVIEWED BY:
DATE:

Tuition Assistance

Sliding Scale

Household Size	Household Income Range
1	\$0 - \$33,300
2	\$33,301 - \$38,100
3	\$38,101 - \$42,850
4	\$42,851 - \$47,600
5	\$47,601 - \$51,400
6	\$51,401 - \$55,200