



PRIVATE SCHOOL AID SERVICE

PARENT LAST NAME _____

Commonwealth of Pennsylvania Educational Improvement Tax Credit (E.I.T.C.)

Student Aid Form 2010-2011

West Mont Christian Academy
Pottstown, PA
School Code: 12150
PSAS: 0429 P-R-N-A (K-12)

To be eligible to apply:

- Student(s) must reside in the State of Pennsylvania.
- Student(s) must be enrolled in a participating school.
- Family must meet EITC Income Guidelines.

This form must be postmarked no later than **APRIL 15, 2010**.

STUDENT LAST NAME _____

TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:

Please note the required tax year documentation.

1. Detailed copies of all pages and Schedules of your **2009** Federal Income Tax Return Form 1040, 1040A, or 1040EZ (**as filed with the IRS**) for individuals listed in Sections A and B. Recaps and/or Summary Forms are not acceptable. If you file Schedule A, C, E or F, you must provide copies. If you have not yet filed, or are not required to file a tax return, see the REQUIRED DOCUMENTATION section of the INSTRUCTIONS.
2. Copies of all **2009** W-2 Wage and Tax Statement Forms, all **2009** 1099/1099R for Interest/Dividends, Pensions/Annuities and/or Misc. Income Forms for individuals listed in Sections A and B (**Please make sure all documentation is copied on regular 8 ½ x 11 paper**).
3. Documentation of TOTAL AMOUNTS received in **2009** for all Non-Taxable Income (see Section G for specific requirements)
4. Proof of Residency: A copy of your most recent PA40 Pennsylvania State Tax Return, or a copy of a Utility Bill showing your current address.
5. EITC Supplemental Form completed and enclosed.
6. Check or Money Order payable to PRIVATE SCHOOL AID SERVICE for the non-refundable application fee of \$21.00 (**All returned checks will incur an additional fee of \$25.00**).
7. This application form filled out in its entirety, signed and dated by the Parent(s) or Guardian(s) listed in Sections A and B.

**IMPORTANT: If the above items do not accompany this application,
your application will not be considered complete.**

Keep a copy of this completed application for your records.

Student Aid Form • 2010 – 2011

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

A PARENT, GUARDIAN or OTHER ADULT RESPONSIBLE FOR TUITION

Check one: Father Mother Stepfather Stepmother Other Adult

Last Name _____ First Name _____ MI _____
 Social Security Number _____ Age _____ (_____) _____
 (Area Code) Home Phone _____
 Address _____ Apt. # _____ COUNTY OF RESIDENCE _____
 City _____ State _____ Zip _____
 (_____) _____
 (Area Code) Work Phone _____ E-mail address _____

Employed by _____ How Long? _____ May PSAS contact you at work if there are questions? Yes No
 If you are self-employed, check this box and refer to Section K of this form.

B PARENT, GUARDIAN or OTHER ADULT RESIDING WITH PARENT A

Check one: Father Mother Stepfather Stepmother Other Adult

Last Name _____ First Name _____ MI _____
 Social Security Number _____ Age _____ (_____) _____
 (Area Code) Home Phone _____
 Address _____ Apt. # _____ COUNTY OF RESIDENCE _____
 City _____ State _____ Zip _____
 (_____) _____
 (Area Code) Work Phone _____ E-mail address _____

Employed by _____ How Long? _____ May PSAS contact you at work if there are questions? Yes No
 If you are self-employed, check this box and refer to Section K of this form.

C DEPENDENTS (DO NOT LEAVE BLANK)

Number of dependent children who will attend a tuition charging school: daycare, Pre-K, elementary school, secondary school, or college in the fall of 2010. _____

Please list all dependent children in order of oldest to youngest, including college students. Indicate each dependent's relationship to Parent/Guardian A: child, foster child, grandchild, etc.

1	Dependent Last Name	Dependent First Name	MI	Age	Relationship to Parent/Guardian A	Name of school student plans to enter in the fall of 2010 (PLEASE DO NOT ABBREVIATE)		Grade in the fall of 2010	Applying for Aid? (check one) YES NO	Amount I/We feel I/We can pay toward tuition	Tuition charged yearly per student	Office Use Only
						City/State	School Name:					
1						City/State:	School Name:					
2						City/State:	School Name:					
3						City/State:	School Name:					
4						City/State:	School Name:					
5						City/State:	School Name:					

Please check if additional dependents are listed on a separate sheet.

D HOUSEHOLD INFORMATION

1. Number of individuals who will reside in my/our household during the 2010-2011 school year:

Parents/Guardians _____ Children _____ Other* _____

*If Other, please explain relationship to Parent _____

2. Current marital status/housing arrangement of Parent/Guardian A:

- a. Single, never Married* d. Divorced* g. Residing w/Significant Other
 b. Married e. Remarried* h. Other: _____
 c. Widowed f. Separated* _____

*If Divorced, Remarried, Separated or Single, please complete Section E.

E DIVORCED, SEPARATED OR SINGLE PARENTS (TO BE COMPLETED BY PARENT OR GUARDIAN LISTED IN SECTION A)

1. Date of separation (Month/Year) _____
 2. Date of divorce (Month/Year) _____
 3. Non-custodial parent _____
 Last Name _____ First Name _____ MI _____
 4. Do you receive or pay child support? Receive \$ _____ per year
 Pay \$ _____ per year
 Neither

5. Who claimed student as a tax dependent in 2009? _____
 6. Who is responsible for the tuition for the dependent(s) listed in Section C?
 Father _____ % Name _____
 Mother _____ % Name _____
 Other _____ % Name _____ *

*If tuition is shared, each responsible party must complete a Student Aid Form (SAF).

F TAXABLE INCOME

The **2009** federal tax return for student's household was:

- Filed
 Not filed yet (See **Required Documentation** section)
 I/we do not file. I/we only receive non-taxable income

	Actual 2009	Estimate 2010
1. Total number of exemptions claimed on Federal Income Tax form:	<input type="text"/>	<input type="text"/>
2. Parent/Guardian A total taxable income from W-2 wages. (List total income for Parent A only)	\$ _____	\$ _____
3. Parent/Guardian B total taxable income from W-2 wages. (List total income for Parent B only)	\$ _____	\$ _____
4. Net business income* from self-employment, farm, rentals, and other businesses. (*Go to Section K) (Attach Schedule C, E, and/or F from your IRS 1040) See 2009 1040 lines 12, 17 and 18	\$ _____	\$ _____
5. Other non-work taxable income from interest, dividends, alimony, unemployment, and non-business income. See 2009 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21 See 2009 1040A lines 8a-14b	\$ _____	\$ _____
6. Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A or 1040EZ. See 2009 1040 line 36 or 1040A line 20	\$ _____	\$ _____
7. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A or 1040EZ. See 2009 1040 line 37 or 1040A line 21	\$ _____	\$ _____
8. Total Tax Paid as reported on your IRS 1040, 1040A or 1040EZ. See 2009 1040 line 60 or 1040A line 37	\$ _____	\$ _____
9. Medical/dental expenses as reported on Schedule A line 1 of your IRS 1040 Form.	\$ _____	\$ _____

G NON-TAXABLE INCOME

List the **total amount** received from 1/1/09-12/31/09 for **all** recipients in household. **DO NOT** list monthly amounts.

10. Child support	\$ _____ per year
11. Cash Assistance (TANF)	\$ _____ per year*
12. Food Stamps	\$ _____ per year*
a. Medicaid received in 2009 ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.)	\$ _____ per year*
a. Social Security income (SSI ONLY) (Provide documentation for all recipients in household.)	\$ _____ per year*
14. Student loans and/or grants received for PARENT's education. (Not college attending dependents or students listed in Section C.)	
a. total received in 2009 \$ _____	
b. total used for household expenses	\$ _____ per year*
15. Housing Assistance (Sec. 8, HUD, etc.)	\$ _____ per year*
a. Religious Housing Assistance (parsonage, manse, etc.)	\$ _____ per year*
16. Other non-taxable income (Workers' Comp., Disability, Pension/Retirement, etc. Identify source(s) in Section L)	\$ _____ per year*
17. Loans/Gifts from friends or relatives	\$ _____ per year
18. Personal Savings/Investment Accounts used for household expenses (Do not include totals listed in Section I)	\$ _____ per year
19. Total non-taxable income for 2009	\$ _____ per year

*You must provide **2009 YEAR-END** documentation for items 11-16; either a Year-End Statement from the appropriate Public Agency, or documentation showing totals from 1/1/09 - 12/31/09.

H HOUSING INFORMATION (DO NOT LEAVE BLANK)

20. Do you rent or own your residence? Rent Own (go to line 22)
21. If renting, what is the monthly rental payment? \$ _____
- a. Amount paid by household \$ _____ per month
- b. Amount paid by other source(s) \$ _____ per month
22. If you own your residence:
- a. What is the current market value? \$ _____
- b. What is the amount still owed, including home equity loans? \$ _____
- c. What is the monthly mortgage payment? \$ _____ per month

I ASSETS & INVESTMENTS (AS OF 12/31/09)

23. Total amount in cash, checking, and savings accounts \$ _____
24. Total value of money market funds, mutual funds, stocks, bonds, CDs, or other securities \$ _____
25. Total value of IRA, Keogh, 401K, SEP or other retirement accounts \$ _____
26. If you own real estate other than your primary residence,
- a. What is the fair market value? \$ _____
- b. What is the amount still owed? \$ _____
27. Do you own a business? Yes No
- If **Yes**, please go to **Section K**.
- a. What is the fair market value of your business? \$ _____
- b. What is the amount still owed? \$ _____
28. Do you own a farm? Yes No
- If **Yes**, please go to **Section K**.
- a. What is the fair market value of your farm? \$ _____
- b. What is the amount still owed? \$ _____

J UNUSUAL CIRCUMSTANCES

Check all that apply to your situation within the past 12 months:

- a. Loss of job
- b. Recent separation/divorce
- c. Change in family living status
- d. Change in work status
- e. Bankruptcy
- f. College expenses
- g. Income reduction
- h. Illness or injury
- i. Death in the family
- j. Shared custody
- k. High debt
- l. Child support reduction
- m. Medical/Dental expenses
- n. Shared tuition
- o. Other (Explain in Section L)

Office Use Only

EITC _____ H _____ \$ _____ SNS _____ SES _____

Go to next page =>

INTRODUCTION

PRIVATE SCHOOL AID SERVICE (PSAS) is under contract with the school, school system, or organization from which you obtained this application for tuition assistance. Our purpose is to provide a reasonable assessment of the ability of each family to pay for the education of their children at private and independent elementary and secondary schools.

Your Student Aid Form, all attachments, and an analysis of your SAF are sent **only** to the school(s) or agencies contracting with PSAS. **No other agency will receive any information about this application or its attachments.**

PRIVATE SCHOOL AID SERVICE does not make any decisions about recipients and amounts of financial aid awarded. Recipients and amounts of aid are determined by the designated school or agency. **YOU WILL NOT RECEIVE RESULTS FROM PRIVATE SCHOOL AID SERVICE.**

INSTRUCTIONS

A & B PARENT, GUARDIAN OR OTHER ADULT

This form should be filled out by the parent, guardian or other adult responsible for the tuition of the child or children attending a private or independent school contracting with PSAS. If the parents/guardians are divorced or separated, only the parent responsible for the tuition and any other adult residing in the household should fill out the form. If tuition is shared, each responsible party must complete a Student Aid Form (SAF) if financial aid is needed.

Answer *all questions* for both parent(s), stepparent(s), or guardian(s) responsible for tuition for the dependent(s) listed in Section C. **Do not leave any questions blank.** If natural parents are divorced, separated or single, answer all questions in Section E. If natural parents are divorced/separated and remarried, list information for custodial parent and new spouse. If either parent answers "self-employed," and has not filed a tax return, complete Section K.

CALCULATIONS ARE BASED ON TOTAL HOUSEHOLD INCOME.

C STUDENT INFORMATION

List all dependent children residing in your household in order of oldest to youngest. Indicate the relationship to Parent/Guardian A listed in Section A of the application (i.e. child, grandchild, foster child, stepchild, etc.). If your dependents will be enrolled in any tuition charging school or agency next fall (including daycare, preschool, elementary school, high school, college, or trade school), list the name of the school, city and state where the school is located. List the grade your child(ren) will enter next fall (2010-2011); the amount you feel you can pay toward tuition per year, and the amount of tuition charged per student per year.

PSAS will consider all students listed in Section C with a check in the "Yes" box for tuition assistance at any school or agency under contract with PSAS. If the "No" box is checked, that student will not be considered. For all additional dependents, use a separate sheet.

NOTE: The information regarding tuition charged per student assists PSAS in making the most equitable analysis of your ability to pay for private education. If you are unsure, please estimate.

D HOUSEHOLD INFORMATION

ITEM 1: Enter total number of individuals living in household. Include any college students claimed on the tax return. Do not include children who have moved out of the home. Include all family members dependent on and residing with parent listed in Section A.

ITEM 2: Check the appropriate box indicating custodial parents' marital status. If parents are divorced, separated or single, complete Section E.

E DIVORCED, SEPARATED OR SINGLE PARENTS

If dependent(s) parents are divorced or separated, or do not reside in the same household, the custodial parent must provide the information requested in Section E about the non-custodial parent.

If the date of separation took place in the year 2009, PSAS will require copies of any tax returns filed jointly or independently by both parent(s)/guardian(s) for 2009. Be sure to estimate the income in Section F for 2010.

ITEM 4: List the total amount of child support actually received by custodial parents listed in Sections A & B. *If total received differs from court ordered amount, list only the total received.*

ITEM 6: Indicate who is responsible for tuition and what percentage for the dependents listed in Section C.

F TAXABLE INCOME

List all actual amounts for **2009** and estimated amounts for **2010**.

ITEM 1: Enter the total number of exemptions you claimed on your **2009** IRS Form 1040, 1040A, or 1040EZ.

ITEM 2: Enter the total **2009** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION A. Attach all copies of **2009** W-2 forms and/or **2009** 1099 forms from all employers.

ITEM 3: Enter the total **2009** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION B. Attach all copies of **2009** W-2 forms and/or **2009** 1099 forms from all employers.

ITEM 4: Enter the total net income from business (attach Schedule C or C-EZ), all rents, royalties, partnerships (attach Schedule E), and all farm income or loss (attach Schedule F). If you have received income from any of these sources and are estimating your income for **2009**, you must also fill out Section K of this application. *(See 2009 1040 lines 12, 17 and 18, enter sum total.)*

ITEM 5: Enter the total of all other taxable income from interest, dividend income (attach Schedule B if over \$400), taxable refunds, credits or offsets of state and local income taxes, alimony received, capital gain or loss (attach Schedule D). List all capital gain distributions not previously reported, total IRA distributions (if rolled-over, explain in Section L), pensions and annuities, unemployment compensation, taxable social security benefits, and any other taxable income. **Attach copies of all Form 1099/1099R, and/or Form 1098 for Interest/Dividends, Pensions/Annuities or other misc. income. Attach copies of Social Security Income statements and Unemployment Compensation documentation for year-end 2009.** *(See 2009 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21 or 1040A lines 8a-14b, enter sum total.)*

ITEM 6: Enter allowable adjustments to income, such as IRA payments, self-employment tax, self-employed health insurance deduction, Keogh retirement plan and self-employed SEP deductions, penalty on early savings withdrawals, and alimony paid. Add together to arrive at your total adjustments. **DO NOT** include your standard deduction or deduction amounts for each family member. *(See 2009 1040 line 36 or 1040A line 20.)*

ITEM 7: Enter total adjusted gross income as reported on your IRS Form 1040, 1040A or 1040EZ. Attach all pages of the applicable tax form (1040, 1040A, 1040EZ) for documentation. *(See 2009 1040 line 37 or 1040A line 21.)*

ITEM 8: Enter the Total Tax paid (not withheld) as reported on your IRS Form 1040, 1040A, or 1040EZ. *(See 2009 1040 line 60 or 1040A line 37.)*

ITEM 9: Enter the total of any medical and dental expenses reported on Schedule A line 1 of your IRS Form 1040 (attach Schedule A).

G NON-TAXABLE INCOME

If you receive non-taxable income, **you must list and provide documentation of the TOTAL YEARLY AMOUNTS received in 2009** 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 received for **2009** for all children in the household.

ITEM 11: Cash Assistance (TANF): Report total amount received for **2009**.

ITEM 12: Food Stamps: Report total amount received for **2009**. Do not combine with TANF or Medicaid.

ITEM 12a: Did you receive Medicaid in **2009**?

ITEM 13: Social Security benefits: Report the total non-taxable (**SSA/SSD, etc**) amount received in **2009** for all recipients in household.

ITEM 13a: Social Security benefits: Report the total non-taxable (**SSI ONLY**) amount received in **2009** for all recipients in household.

ITEM 14: Student loans and/or grants: Report the total amount received in **2009** for **PARENT'S** education. Do not list loans, grants or scholarships received for dependents in Section C. Identify how much of this income was used for household expenses in **2009**.

ITEM 15: Housing assistance: Report the total amount received for **2009**. Identify in Section L all sources of Housing assistance (government assistance, Section 8, HUD, family/friends or other sources), including monies received toward rental/mortgage payments and/or utilities.

ITEM 15a: Religious Housing assistance: Report the total amount received for **2009**.

ITEM 16: Other non-taxable income: Report all additional non-taxable income received in **2009** 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 L.

ITEM 17: Loans/Gifts received from friends or relatives: Report the total amount received in **2009**.

ITEM 18: Personal Savings/Investment Accounts: Report the total amount used in **2009** for household expenses.

ITEM 19: Total non-taxable income for 2009: Add together Items 10-18.

H HOUSING INFORMATION

ITEM 20 and 21: If you rent your home or apartment, list your monthly rental or lease payment here, including amounts paid by household and other sources.

ITEM 22a: Determine the present value of the family home and list it. Local real estate agents should be able to help you if you are unsure.

ITEM 22b: Check with your lending institution and enter the amount still owed, including second mortgages.

I ASSETS AND INVESTMENTS

ITEM 23: List total of current balances in cash, savings, and checking accounts. Do not include IRAs or Keoghs.

ITEM 24: List total current market value of money market funds, mutual funds, stocks, bonds, CDs or other securities.

ITEM 25: List total current market value of all retirement funds, including IRA, Keogh, 401K, and SEP plans or other retirement accounts.

ITEM 26: Answer Items 26a and 26b 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.

ITEM 27: If you own a business, check the Yes box and answer Items 27a and 27b. If you have not filed your **2009** tax return, complete Section K of this application.

ITEM 28: If you own a farm, check the Yes box and answer Items 28a and 28b. If you have not filed your **2009** tax return, complete Section K of this application.

J UNUSUAL CIRCUMSTANCES

Check any and all items that apply to your situation. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying. Do not include a letter of explanation with this application.

K BUSINESS INCOME

Provide 2009 Business Income Estimates if you have not filed your 2009 Tax Return.

ITEM 1: List estimated total GROSS taxable business income for **2009**.

ITEM 2: List estimated total NET taxable business income/loss for **2009**.

ITEM 3: List the total amount paid by business in **2009** for home rent or mortgage.

ITEM 4: List the total amount paid by business in **2009** for personal automobile.

ITEM 5: List the total amount of personal expenses paid by business in **2009** that do not fall into one of the categories above.

ITEM 6: List total amount of estimated rental income received in **2009**.

If providing income estimates for more than one business, corporation or farm (Schedule C, Schedule E and/or Schedule F) please list information for each business, corporation or farm separately. Use additional sheet or Section L, if necessary.

L EXPLANATION

If any specific question requires clarification, write a brief explanation in this space. If your circumstances require explanation beyond the scope of this application, please notify the school to which you are applying.

M PARENTS' CERTIFICATION, AUTHORIZATION, AND DOCUMENTATION CHECKLIST

You **must** sign the form in this section. Your signature authorizes PSAS to release the form and attachments to the contracting schools indicated in Section C. By signing the form, you also certify that the information submitted is correct. This application CANNOT be processed without the appropriate signature(s) and the appropriate documentation.

REQUIRED DOCUMENTATION

If you have filed your 2009 IRS Form 1040:

You must submit photocopies of all pages of your **2009** Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules, **2009** W-2 Forms, **2009** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s).

If you have not filed your 2009 IRS Form 1040:

You must submit photocopies of all **2009** W-2 Forms, **2009** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s), and photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules). **If this application is submitted after April 15, 2010, you must provide a copy of the 2009 Extension for Filing Request, as approved by the IRS.**

If you are an Independent Contractor or self-employed and have not filed your 2009 IRS Form 1040:

You must complete Section K and submit photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules), **2009** W-2 Forms, **2009** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). **If this application is submitted after April 15, 2010, you must provide a copy of the 2009 Extension for Filing Request, as approved by the IRS.**

If you receive non-taxable income:

You must submit photocopies of your **2009** YEAR-END (01/01/09 - 12/31/09) Cash Assistance documentation (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Student loan and/or grant documentation (for PARENT's education), Social Security Income statements, showing the **TOTAL AMOUNT** received in **2009** for **ALL** members of the household. If you list any total for line 16, you must identify source(s) in Section L.

Proof of Residency:

You must submit photocopies of your most recent PA-40 Pennsylvania State Tax Return. If you have not filed your PA40, provide copy a Utility Bill showing your current address.

Educational Improvement Tax Credit (EITC) Supplemental Form

Household Members: (List every resident in the household)		Household Income: (List income from 2009 PA-40 filed by any resident)	
	Name	Filed PA-40 Yes or No	Taxable Income
Parent/Guardian A:			\$
Parent/Guardian B:			\$
Others:			\$
			\$
			\$
			\$
			\$
			\$
Total Household Members:		Total Income:	\$

Signature: _____ Social Security Number: _____ - _____ - _____

Please use these guidelines to determine whether your family qualifies to apply.

EITC Income Guidelines:

The Educational Improvement Tax Credit Program is closely regulated by State legislation. Per State law, the following guidelines should be used to determine what should be included as "Income."

In calculating household income for the purpose of determining student eligibility, all moneys and property received by all household members of whatever nature and from whatever source are to be included, except for the following:

<u>Number of Dependents</u>	<u>Maximum Income</u>
1	\$60,000
2	\$70,000
3	\$80,000
4	\$90,000
5	\$100,000*
* add \$10,000 for each additional dependent	

- Periodic payments for sickness and disability other than regular wages received during a period of sickness or disability.
- Disability, retirement or other payments arising under workers' compensation acts, occupational disease acts, and similar legislation by any government.
- Payments commonly recognized as old age or retirement benefits paid to persons retired from service after reaching a specific age or after a stated period of employment.
- Payments commonly known as public assistance or unemployment compensation benefits by a governmental agency.
- Payments to reimburse actual expenses.
- Payments made by employers or labor unions for programs covering hospitalization, sickness, disability or death, supplemental unemployment benefits, strike benefits, social security and retirement.
- Compensation received by United States service personnel serving in a combat zone.

For information regarding income guidelines for families with special needs students or students attending special education schools, please contact your school administrator.

**SPECIAL EDUCATION VERIFICATION
SUPPLEMENTAL FORM**

*This form applies ONLY to families with Special Needs Students
or with students attending Special Education Schools*

**After completing the form take it to the school Principal or Administrator for review and signature.
Then include this form with your completed Student Aid Form.**

Parent/Guardian (from PSAS Application Section A):

Last Name First Name

List the student(s) who qualify as a **Special Needs Student(s)** (from Section C of the application):

Student Name	School Name	School Code
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

By signing below, I, the school Principal/Administrator, verify that the above student(s) is/are Special Needs student(s) as defined by the Department of Community and Economic Development.

Signature of Principal/Administrator: _____ Date: _____

Print Name: _____ Phone Number: _____

List the student(s) who will be attending a **Special Education School** (from Section C of the application):

Student Name	School Name	School Code
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

By signing below, I, the school Principal/Administrator, verify that the above student(s) is/are attending a school that has been qualified as a Special Education School.

Signature of Principal/Administrator: _____ Date: _____

Print Name: _____ Phone Number: _____

This Form MUST be completed and submitted with the PSAS Student Aid Form if you are applying for a Special Needs Student or a student attending a Special Education School.