

# Heart of Iowa School Tuition Organization, Inc. Grant/Scholarship Application 2017-2018

For income eligibility guidelines, refer to the chart on the reverse side.

## Instructions

1. Complete and sign this application (one application per family).
2. Attach a **signed** copy of your 2016 Federal Income Tax return, pages 1 and 2 only.
3. Submit the application and the copy of your Federal Tax return directly to one of the schools listed below.
4. Apply by June 1 or as soon as possible after enrolling.

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## Parent / Guardian Information

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

## Student Information

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (SY 17/18): \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (SY 17/18): \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (SY 17/18): \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (SY 17/18): \_\_\_\_\_

Number in household: \_\_\_\_\_ (If different than your tax return or if the student is not listed on the return, additional documentation is required)

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## Please circle the Christian school your student(s) will attend

Ames Christian School

Grand View Christian School

Morning Star Academy

Ankeny Christian Academy

Iowa Christian Academy

Mount Olive Lutheran School

Cedar Valley Christian School

Isaac Newton Christian Academy

Waterloo Christian School

Des Moines Christian School

Marshalltown Christian School

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## Attachments/Signature

Attach a **signed** copy of your 2016 Federal Income Tax return. Only pages 1 and 2 are required.

I affirm that the attached income tax information is true and correct. A grant/scholarship is requested for the student(s) listed in this application.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the School Business Office:**

I verify that that the students listed in this application are enrolled.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OVER** →

## Awards

The Heart of Iowa School Tuition Organization (STO), Inc. has complete discretion regarding grant/scholarship awards. The Heart of Iowa STO will send grants directly to the school where the student is enrolled. If the student does not complete a full year of school, the awarded grant will be prorated based on days enrolled and the unused portion will be returned to the Heart of Iowa STO to be distributed to another eligible family.

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## Eligibility

To be eligible for an STO grant, your income cannot exceed the amount listed in this chart.

### Heart of Iowa School Tuition Organization, Inc. Income Guidelines for 2017-2018 School Year

Persons in Family Unit	2016 Income - Line 22
2	\$ 48,720
3	\$ 61,260
4	\$ 73,800
5	\$ 86,340
6	\$ 98,880
7	\$111,420
8	\$123,960

For families/households with more than 8 persons, add \$12,540 for each additional person.

In cases of divorced or single-parent families, the household where the child resides at least 50% of the time should be the household that applies for STO funding.