

# FAMILY COMMITMENT LEVEL FORM

(Please Print)

School Year:	Person Completing this Form: _____
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## A. PARENT OR GUARDIAN RESPONSIBLE FOR TUITION

Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Single / Mar / Div / Sep / Wid
Is this your first time applying for Student Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Student	Home Phone Number: (    )	Birth date: /    /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:	Email Address:		Cell Phone Number: (    )		
P.O. box:	City:	State:	ZIP Code:		
Occupation:	Employer:	Employer phone no.: (    )			

## B. PLEASE COMPLETE IF OTHER PARENT OR GUARDIAN IS RESPONSIBLE FOR TUITION

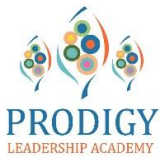
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Single / Mar / Div / Sep / Wid
Is this your first time applying for Student Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Student	Home phone Number: (    )	Birth date: /    /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:	Email Address:		Cell Phone Number: (    )		
P.O. box:	City:	State:	ZIP Code:		
Occupation:	Employer:	Employer phone no.: (    )			

## C. STUDENT INFORMATION

(LIST ALL STUDENTS ATTENDING TUITION CHARGING SCHOOLS INCLUDING DAYCARE/PRE K AND COLLEGE)

Last name:	First:	Middle:	Applying for Aid? (Circle one) Yes    No	Grade Entering in Fall _____
Last name:	First:	Middle:	Applying for Aid? (Circle one) Yes    No	Grade Entering in Fall _____
Last name:	First:	Middle:	Applying for Aid? (Circle one) Yes    No	Grade Entering in Fall _____
Last name:	First:	Middle:	Applying for Aid? (Circle one) Yes    No	Grade Entering in Fall _____
Last name:	First:	Middle:	Applying for Aid? (Circle one) Yes    No	Grade Entering in Fall _____

Please check here if additional students are attached on separate sheet.



### D. HOUSEHOLD INFORMATION

\_\_\_\_\_ Parents/Guardians \_\_\_\_\_ Children

### E. DIVORCED, SEPARATED OR SINGLE PARENTS (ONLY IF DIVORCED OR SEPARATED)

If dependant(s) parents are divorced or separated, or do not reside in the same household, the custodial parent must provide the information requested here about the non-custodial parent. If the date of separation took place last year, we need copies of any tax returns filed jointly or independently by both parent(s) /guardian(s) for this last year. Be sure to estimate the income in section G (Taxable Income)

Do you receive or pay child support?  Receive \$ \_\_\_\_\_ per year  Pay \$ \_\_\_\_\_ per year  Neither

Who claimed student as a tax dependant? Last Year? \_\_\_\_\_ This Year \_\_\_\_\_

Who is responsible for the tuition for the dependant(s) listed above?

Father \_\_\_\_\_ % Name \_\_\_\_\_

Mother \_\_\_\_\_ % Name \_\_\_\_\_

Other \_\_\_\_\_ % Name \_\_\_\_\_

### F. FINANCIAL INFORMATION

Please Submit a photocopy with this form for **ALL** parents/guardians responsible for Tuition:

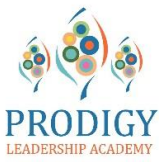
Prior Year FORM 1040, 1040A or 1040 EZ (as filed with the IRS, including Schedules)

Prior Year W2 Forms

1099/1099 R or 1098 Forms for any wage earning adult residing with the student(s), if applicable

### G. TAXABLE INCOME

	Actual Last Year	Estimate This Year
<b>1. Parent/Guardian (Parent/Guard. from Section A)</b> Total Taxable Income from W2	\$	\$
<b>2. Parent/Guardian (Parent/Guard. from Section B)</b> Total Taxable Income from W2	\$	\$
<b>3. Total "Adjusted Gross Income" Parent/Guard. From Section A</b> (Form 1040 line 37, 1040EZ line 21)	\$	\$
<b>4. Total "Adjusted Gross Income" Parent/Guard. From Section B</b> (Form 1040 line 37, 1040EZ line 21)	\$	\$
<b>5. Total Tax Paid as Reported Parent/Guardian Section A</b> (1040 Line 60 or 1040A line 37)	\$	\$
<b>6. Total Tax Paid as Reported Parent/Guardian Section B</b> (1040 Line 60 or 1040A line 37)	\$	\$
<b>7. Medical /Dental Expenses Reported Parent/Guardian Sect. A</b> (Schedule A line 1 of Form1040)	\$	\$
<b>8. Medical /Dental Expenses Reported Parent/Guardian Sect. B</b> (Schedule A line 1 of Form1040)	\$	\$



**H. NON-TAXABLE INCOME**

List **total amount** received from Jan 1st through December 31<sup>st</sup> of the previous year for **all** Recipients in household. **DO NOT** list Monthly Amounts.

	Per year
<b>10. Child Support Received</b>	\$
<b>11. Cash Assistance (TANF)</b>	\$
<b>12. Food Stamps</b>	\$
<b>13. Social Security Income</b>	\$
<b>14. Student Loans for PARENT's education (total used toward household expenses)</b>	\$
<b>15. Housing Assistance (Section 8, HUD)</b>	\$
<b>16. Religious Housing Assistance</b>	\$
<b>17. Other Non-Taxable Income (Worker's Comp., Disability, Pension/Retirement, etc.)</b>	\$
<b>18. Loans/Gifts from Friends (For household expenses)</b>	\$
<b>19. Personal Saving/Investment Accounts for Household expenses.</b>	\$
<b>TOTAL Non-Taxable Income for Previous Year</b>	\$

**Explanations (Please use this space to explain anything that may affect paying your student(s) tuition.)  
You may continue on the next page, if necessary.**

**Certification and Authorization**

I/we declare the information on this form is true, correct, and complete to the best of our knowledge. I /We authorize PRODIGY LEADERSHIP ACADEMY officers and members of the Tuition Board to review the information provided.

\_\_\_\_\_  
Parent/Guardian (Section A)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Section B)

\_\_\_\_\_  
Date

\*All Family Commitment Level Forms will be kept strictly confidential and will only be used for the purpose of determining your family's level of commitment and will not be shared with any other parties except for those designated above.