



HOUSEHOLD SUMMARY FORM

2024-2025 School Year

Making the dream of a Christian education a reality for families through scholarships!

This document when used, is to be kept in the student's application file and is used when:

- The 2023 Federal Tax Return is not available
- The household size on the 2023 Federal Tax Return is incorrect
- The household income or AGI on the 2023 Federal Tax Return is incorrect
- Individuals are living in the household, in addition to those listed on the 2023 Federal Tax Return

Student: _____

Parent/Guardian: _____

School Name (City): _____

Which household fields are incorrect? Household Income: _____ Total Household Size: _____

What has caused the selected field(s) above to be incorrect? A detailed explanation must be provided.

If the household **size** is incorrect, list all individuals (including children) that are included in the household size. Anyone over the age of 18 must sign next to their name. Anyone listed below must also have their income included in the household income reported on the scholarship application.

Name

Signature

Household Size on 2023 Federal Tax Return (if available): _____ Household Size on Application: _____

If the household **income** is incorrect list the documentation that has been collected to calculate the income.

AGI on 2023 Federal Tax Return (if available): _____ Income on Application: _____

By signing below, I certify that the above information is accurate to the best of my knowledge and understand that providing inaccurate information may result in a denial or forfeiture of the scholarship.

Printed Name of Parent/Guardian

Signature

Date



HOUSEHOLD INCOME CALCULATION WORKSHEET 2024-2025 School Year

Annual total should be entered for each item. (Calculate monthly payment x 12; bi-monthly payment x 24, etc.)

		Household Member name:	Household Member name:	Household Member name:	Household Member name:
Earnings From Work	Adjusted Gross Income from federal taxes OR Gross Income from W2 or calculated income from paystubs, statements, etc.:	\$	\$	\$	\$
	Net Income from Self-Owned Farm or Business:	\$	\$	\$	\$
	Strike Benefits, Unemployment Compensation, and Workers' Compensation:	\$	\$	\$	\$
Welfare/ Child Support/ Alimony	Public Assistance Payments/Welfare Benefits:	\$	\$	\$	\$
	Alimony and/or Child Support Payments:	\$	\$	\$	\$
Retirement/ Disability Income	Regular Distributions From Pensions, Retirement Income, Veteran's Benefits:	\$	\$	\$	\$
	Social Security:	\$	\$	\$	\$
	Supplemental Security Income:	\$	\$	\$	\$
	Disability or Life Insurance Benefits:	\$	\$	\$	\$
Other Income	Other Income:	\$	\$	\$	\$
Totals for each Household Member:		\$	\$	\$	\$
Total Household Income: (Add the totals for each household member)					

Documents used for verification (include copies in student file):

Notes:
