

# Heart of Iowa School Tuition Organization, Inc. Grant/Scholarship Application 2016-2017

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 2015 Federal Tax return, pages 1 and 2.
3. Send application and Federal Tax return directly to the Business Office of one of the eligible schools listed below.  
Do not send your application directly to the Heart of Iowa School Tuition Organization.
4. Apply by May 1 for available funds that will be distributed beginning in July.

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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 16/17) \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_ Date of Birth \_\_\_\_\_ Grade (SY 16/17) \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_ Date of Birth \_\_\_\_\_ Grade (SY 16/17) \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_ Date of Birth \_\_\_\_\_ Grade (SY 16/17) \_\_\_\_\_

Total number of persons in your household: \_\_\_\_\_ (If different than your tax return, additional support is required)

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## Please circle the Christian school your student will attend.

Ankeny Christian Academy

Cedar Valley Christian School

Des Moines Christian School

Grand View Christian School

Iowa Christian Academy

Isaac Newton Christian Academy

Marshalltown Christian School

Mount Olive Lutheran School

Waterloo Christian School

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## Attachments

Please attach a **signed** copy of the parents'/guardians' 2015 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 or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### To be completed by the Christian School Business Office:

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

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**Awards**

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

**Heart of Iowa School Tuition Organization, Inc.  
Income Guidelines for Scholarships 2016-2017 School Year**

Persons in Family Unit	2015 Income - Line 22
<u>2</u>	<u>\$ 48,060</u>
<u>3</u>	<u>\$ 60,480</u>
<u>4</u>	<u>\$ 72,900</u>
<u>5</u>	<u>\$ 85,320</u>
<u>6</u>	<u>\$ 97,740</u>
<u>7</u>	<u>\$110,190</u>
<u>8</u>	<u>\$122,670</u>

For families/households with more than 8 persons, add \$12,480 for each additional person

To be eligible for a Heart of Iowa STO Grant, your income cannot exceed the amount listed in this chart.