



ILLIANA CHRISTIAN
HIGH SCHOOL

Dear ICBS Parents~

Attached please find the application for the Illinois Tuition Voucher for the 2020-2021 school year. Please read it over carefully and submit your application along with proof of financial eligibility, and if required, the household size and income assurance forms **no later than Monday, August 3, 2020.** Since this information is financially sensitive and contains confidential information, please be sure to return it to my attention in a sealed envelope.

THE HOUSEHOLD SIZE AND INCOME ASSURANCE FORMS NEED TO BE COMPLETED IF:

- The 2019 Federal Tax Return is not provided, or
- The household size on the 2019 Federal Tax Return is incorrect, or
- The household income, or Adjusted Gross Income (AGI), on the 2019 Federal Tax Return is incorrect, or
- Individuals are living in the household, in addition to those listed on the 2019 Federal Tax Return, or
- There is income coming into the household, in addition to the AGI listed on the 2019 Federal Tax Return

All applications and financial documentation will be reviewed to confirm qualification. Since the Illinois Tuition Voucher is privately funded, the amount of the Illinois Tuition Voucher will be calculated upon how many Illinois families meet the required criteria.

Illinois Tuition Voucher qualification notification will be sent by August 7, 2020, which will confirm your qualification if all criteria is met; the actual voucher award amount will be calculated in early Fall 2020.

If you have any questions or concerns, please feel free to contact me via email at dboer@illianaweb.org or call (219) 558-7066 ext. 51.

David Boer
Choice Voucher Specialist



ILLINOIS TUITION VOUCHER QUESTIONNAIRE

Please go through the following questions carefully to determine whether your family qualifies for participation in the privately funded ICHS voucher program for Illinois residents only.

Does My Student Qualify?

1. Are you an Illinois resident?

- If yes, continue
- If no, you do not qualify

2. Are your child(ren) enrolled in grades 9-12 at Illiana Christian

- If yes, continue
- If no, you do not qualify

3. Is your household income at or below the income limit qualification? (chart is on the next page)

- If your Total Household Income falls within chart guidelines, please continue
 - Total Household Income includes:
 - Earnings from Work
 - Welfare/Child Support/Alimony
 - Child's Income
 - Retirement/Disability Benefits
 - Please refer to the amount of your **adjusted gross income** found on your 1040 tax form for your household income. Other documentation is acceptable in certain situations.
 - If your child **received an Illinois Tuition voucher for the 2019-2020 school year** please refer to **column 4** of the income qualification chart.
- If your Total Household Income exceeds the chart guidelines, you do not qualify.
- If you have filed for an extension on your taxes or have some other extenuating circumstances you may still be able to apply. Please complete the household size and income assurance forms.

4. Eligible IL Voucher Pathways:

- **Continuing Voucher Pathway**
 - i. The student received a IL scholarship voucher in the school year that **immediately precedes the school year** for which the student is applying for a IL Tuition voucher, and
 - ii. The student is required to have remained enrolled at Illiana Christian HS for the entirety of the **immediately preceding school year**, and
 - iii. The student is a member of a household with an annual income equal to or below column 4 below.
- **New Voucher Pathway**
 - i. The student is a new student to Illiana, who resides in Illinois, and
 - ii. The student is a member of a household size with an annual income equal to column 1, 2, or 3.

NOTE: Each voucher application is only valid for one school year. Every voucher recipient must reapply each year.



ILLINOIS TUITION VOUCHER APPLICATION

Parent(s) Name _____

Address, City, State, Zip _____

Email _____

Phone # _____

Student's name, birth date, grade for the 2020-2021 school year and pathway (Continuing OR New)

Name _____ Birthdate _____ Grade for **20-21** _____ Pathway: _____

Name _____ Birthdate _____ Grade for **20-21** _____ Pathway: _____

Name _____ Birthdate _____ Grade for **20-21** _____ Pathway: _____

Please return this application and required paperwork by Monday, August 3, 2020.

Illinois Tuition Voucher Income Limits by Household Size 2020-2021 School Year				
	Column 1	Column 2	Column 3	Column 4
Persons in Household	Annual household income limit for a Level A IL Voucher	Annual household income limit for a Level B IL Voucher	Annual household income limit for a Level C IL Voucher	Annual household income limit for a <u>Continuing</u> Voucher – Level C IL Voucher
1	\$23,606	\$29,508	\$35,409	\$47,212
2	\$31,894	\$39,868	\$47,841	\$63,788
3	\$40,182	\$50,228	\$60,273	\$80,364
4	\$48,470	\$60,588	\$72,705	\$96,940
5	\$56,758	\$70,948	\$85,137	\$113,516
6	\$65,046	\$81,308	\$97,569	\$130,092
7	\$73,334	\$91,668	\$110,001	\$146,668
8	\$81,622	\$102,028	\$122,433	\$163,244
9	\$89,910	\$112,388	\$134,865	\$179,820
10	\$98,198	\$122,748	\$147,297	\$196,396

¹For a household size of eleven (11) or more, add \$5,719 to the annual limit for each additional member for a Level A Voucher. ²Add \$12,266 to the annual limit for each additional member for a Level B Voucher. ³Add \$12,432 to the annual limit for each additional member for a Level C Voucher. ⁴Add \$16,576 to the annual limit for each additional member for a Continuing Voucher – Level C.



Section A - Family Information:

Father's Name _____

Mother's Name _____

Street Address _____

City, State, Zip Code _____

Telephone Number(s):
Home _____

Cell (if applicable) _____

Dependent Children in Family:

Name(s)	Age	School grade for the year of assistance	Name of School	Annual tuition (if applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do both parents reside in the same home? _____

Section B - Employment Information and Other:

	Name of Employer	Job Title or Description	Gross Annual Income
Father:	_____	_____	_____
	_____	_____	_____
Mother:	_____	_____	_____
	_____	_____	_____
Child support/alimony/maintenance received per month:			_____
Other source(s) of income	_____		_____
Do you currently have a personal financial budget?			_____

Please attach a copy of each W-2 form and a copy of your most recent federal and state income tax returns to this application.



Section C - Housing Information:

Do you own your home? _____

If so, what is the market value of your home? _____

What is your monthly mortgage payment or your monthly rent payment? _____

If you own your home, does the payment include real estate tax and/or insurance? _____

What is your present mortgage balance (amount you owe on your home)? _____

Do you have a second mortgage, home equity loan or home equity line of credit? _____

If so, what is the balance on the loan? _____

Do you own any other real estate (e.g. cottage, second home, timeshare)? _____

If so, describe in detail _____

Section D - Other Asset Information

Do you have savings/retirement accounts? _____

Savings balance _____

Retirement funds balance _____

If so, how much are you contributing on an annual basis? _____

Do you currently own any recreational vehicles (boats, motorcycles, etc.)? _____

Do you typically receive a federal or state income tax refund? _____

If so, are you willing to apply your tax refunds to your tuition obligation? _____

Please provide information about the vehicles of all members of the household:

Year	Make	Model	Monthly Vehicle Payment	Present Loan Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Section E - Liability Section:

Have you considered your use of cable/satellite television and cellular phones, as well as vacations/
recreation/entertainment _____

List any outstanding tuition obligations from other schools _____

Section F - Other Information:

What sacrifices have already been made in order for you to allow your child(ren) to attend Illiana?

Are there other sacrifices that you plan on making?

Have you considered asking family members or your church to assist you financially in providing your
child(ren) a Christian education? _____

Please summarize your efforts in seeking assistance from your family or church.

Are there any special/unusual circumstances (e.g. high medical bills) that you would like the Committee
to consider?

Do you plan to work off your parental volunteer service obligation to P.I.E. (Parents Involved in
Education)?

(The obligation is the \$200 Auxiliary fee added to your tuition bill.) _____

Section G - Parent/Guardian Signature(s):

All information is true and accurate, and no pertinent information is being withheld.

Parent/Guardian signature Date





**ILLIANA CHRISTIAN
HIGH SCHOOL**

**Household Summary Form
2020-2021 School Year**

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

The 2019 Federal Tax Return is not provided

The household size on the 2019 Federal Tax Return is incorrect

The household income, or Adjusted Gross Income (AGI), on the 2019 Federal Tax Return is incorrect

Individuals are living in the household, in addition to those listed on the 2019 Federal Tax Return

There is income coming into the household, in addition to the AGI listed on the 2019 Federal Tax Return

Student: _____

Parent/Guardian: _____

School Name: _____

School Number: _____

Which household fields are incorrect?

Household Size

Household Income

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 (children included) 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 Choice Scholarship application. (Please see page 2 and/or 4.)

Printed Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Household Size on 2019 Federal Tax Return (if available): _____ Household Size on Choice Application: _____

If the household income is incorrect, list the documentation that has been collected to calculate the income. No application should be submitted without supporting income documentation. (Please see page 2 and/or 3.)

AGI on 2019 Federal Tax Return (if available): \$ _____ Income on Choice Application: \$ _____

By signing below, I certify that I have provided the applying Choice school with all supporting documentation and the above information is accurate to the best of my knowledge. I understand that providing inaccurate information may result in the denial and/or forfeiture of the Choice Scholarship.

Parent/Guardian Signature

Date



Household Income Calculation Worksheet

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

	Income Type	Household Member Name:	Household Member Name:	Household Member Name:	Household Member Name:	Household Member Name:
Earnings from Work	<i>AGI on tax forms -OR- Gross Income from W-2 or calculated income from paystubs, statements, etc.</i>	\$	\$	\$	\$	\$
	<i>Income from self-owned farm or business</i>	\$	\$	\$	\$	\$
	<i>Strike benefits, Worker's comp, Unemployment</i>	\$	\$	\$	\$	\$
Welfare/Child Support/Alimony	<i>Public Assistance Payments/Welfare Benefits (not SNAP)</i>	\$	\$	\$	\$	\$
	<i>Alimony and/or Child support payments</i>	\$	\$	\$	\$	\$
Retirement/Disability Income	<i>Distributions from pensions, Retirement income, Veteran's benefits</i>	\$	\$	\$	\$	\$
	<i>Social Security</i>	\$	\$	\$	\$	\$
	<i>Supplemental Security Income</i>	\$	\$	\$	\$	\$
	<i>Disability or Life Insurance Benefits</i>	\$	\$	\$	\$	\$
Other	<i>Other Income</i>	\$	\$	\$	\$	\$
Totals for each household member:		\$	\$	\$	\$	\$
Total Household Income: (Add the totals for each household member)						

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

Comments: _____



**Choice Scholarship Department
Income Assurance Form**

<input type="checkbox"/>	Earnings from work Wages, salaries, tips, commissions, overtime pay, bonuses, income from self-owned business/farm, strike benefits, unemployment, and/or worker's compensation	\$	
<input type="checkbox"/>	Welfare Public assistance and welfare benefits	\$	
<input type="checkbox"/>	Alimony and/or Child Support	\$	
<input type="checkbox"/>	Child's Income Earnings of a child who is a full-time or regular part-time employee, Social Security, and/or supplemental security income	\$	
<input type="checkbox"/>	Retirement Pensions, retirement income, veterans' benefits, Social Security, and/or supplemental security income	\$	
<input type="checkbox"/>	Disability Benefits	\$	
<input type="checkbox"/>	Investment Accounts	\$	
<input type="checkbox"/>	Rental Income Rental income, annuities, and/or royalties	\$	
<input type="checkbox"/>	Interest and Dividend Income	\$	
<input type="checkbox"/>	Inheritance Inheritance, income from estates, trusts, and/or investments	\$	
<input type="checkbox"/>	Contributions Regular contributions from persons not living in the household	\$	
<input type="checkbox"/>	Cash Cash or investment gifts	\$	
<input type="checkbox"/>	Military Pay Military pay not received as a result of the service member's deployment to/service in an area that has been designated as a combat zone and/or military pay that is received prior to the service member's deployment to/service in an area designated as a combat zone	\$	
<input type="checkbox"/>	Life Insurance Benefits	\$	
<input type="checkbox"/>	Living Allowance Money given to a family for house payments and other living expenses	\$	
Total		\$	

I attest that:

- I have provided the Choice school with all financial information included in our household income.
- I have provided documentation to support all amounts listed above as part of our household income.
- If it is discovered that I have not disclosed all information for the household income, my child's Choice application and eligibility may be revoked.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian



Household Size Verification Checklist

If the household size doesn't match what is on the 2019 Federal Tax Return or no tax return has been filed, use this form to help in determining the total household size.

- Foster Children and Foreign Exchange Students**
Foster children and foreign exchange students are considered to be members of the household in which they reside. _____
- Divorce or Separation**
Children of divorced or separated parents are generally part of the household that has custody. When joint custody has been awarded and the child physically changes residence, the child is considered part of the household where he/she resides for the majority of the year. _____
- Emancipated Child**
A child living alone or as a separate economic unit is considered to be a household of one. _____
- Child Attending an Institution**
A child who attends, but does not reside, in an institution is considered a member of the household in which the child resides. _____
- Child Away at School**
A child who is temporarily away at school (college or boarding school) is included as a member of the household. _____
- Child Living with One Parent, Relative, or Friends**
If no specific welfare agency or court is legally responsible for the child or where the child is living with one parent, other relatives, or friends of the family, the child is considered to be a member of the household with whom the child resides. _____
- Deployed Service Personnel**
Any member of the armed services who is activated or deployed in support of any military combat operation is counted as a household member. _____
- Persons Residing in Household**
A group of related or unrelated individuals who are living as one economic unit and who share housing and/or significant income and expenses. _____

Household Size Total _____

I attest that:

- Additional documentation has been provided for all household members who contribute to the household income.
- By signing below, I certify that the above information is accurate to the best of my knowledge and I understand that providing inaccurate information may result in a denial or forfeiture of the Choice Scholarship.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

