

**COMMON APPLICATION for TUITION  
and TRAVEL ASSISTANCE 2009-10  
MICHIGAN LUTHERAN SEMINARY  
2777 Hardin St., Saginaw, MI 48602**

(All information in this application is considered confidential)

**PART ONE: PERSONAL INFORMATION**

A. Student's name: \_\_\_\_\_  
last
first
middle

B. Grade entering in fall of 2009 (circle one):            9th    10th    11th    12th

C. School year residence (circle one):            dormitory            at home

D. Type(s) of assistance for which you are applying:

\_\_\_\_\_ Tuition assistance (please complete entire application):

\_\_\_\_\_ Travel assistance (please complete entire application):

Travel distance from home to school: \_\_\_\_\_

Complete the following:

**RESPONSIBLE MALE ADULT**

**RESPONSIBLE FEMALE ADULT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Relationship w/applicant: \_\_\_\_\_

E-mail address: \_\_\_\_\_



## PART THREE: FINANCIAL ASSISTANCE NEED ANALYSIS

### A. COMPARATIVE NEED INDEX CALCULATION

**\*NOTE:** The "Estimated 2009" column need only be completed if a 10% or more increase or decrease in total income or adjustments is anticipated during 2009. See part C on page 4 to explain details.

INCOME	2008	*Estimated 2009
1) Parents' Adjusted Gross Income from IRS tax form 1040, line 37, 1040A, line 21 or 1040EZ, line 4, as listed on either a joint return, or the combined total from the individual returns of both father and mother, or the individual return of the custodial parent .....	\$ _____	\$ _____
2) Aid for Dependent Children received .....	\$ _____	\$ _____
3) Welfare benefits received .....	\$ _____	\$ _____
4) Child support received .....	\$ _____	\$ _____
5) Untaxed IRA or Keogh plan payments .....	\$ _____	\$ _____
6) Housing benefit received by pastors, teachers, or others ( <i>complete accompanying work sheet side #1 and enter amount from line A3 or B3</i> ) ....	\$ _____	\$ _____
7) TOTAL INCOME (Add lines 1 through 6) .....	\$ _____	\$ _____
<b>ADJUSTMENTS TO INCOME</b>		
8) Total federal income tax paid (IRS tax form 1040, line 61 or 1040A, line 37 or 1040 EZ, line 11) <i>Note: includes "self employment" tax where applicable</i> .....	\$ _____	\$ _____
9) Total state, county, and city taxes paid .....	\$ _____	\$ _____
10) Total real estate taxes paid.....	\$ _____	\$ _____
11) Social security tax paid from W-2 forms ( <i>do not include "self-employment" tax, it is included in line 8 above</i> ).....	\$ _____	\$ _____
12) Medical/dental expenses not covered by insurance ( <i>do not include the cost of your insurance premiums</i> ) .....	\$ _____	\$ _____
13) Tuition and fees you will pay in 2009-10 for the education of children in your care ( <i>complete work sheet side #2- enter total tuition and fees from bottom line</i> ).....	\$ _____	\$ _____
14) Offerings to local congregation ( <i>see page 4, part D</i> ) .....	\$ _____	\$ _____
15) Number of personal exemptions claimed on 2007 federal tax return: _____		
16) Family maintenance allowance for exemptions claimed for IRS purposes: (line 15) If 2 enter \$30,170                      If 5 enter \$51,075 If 3 enter \$36,435                      If 6 enter \$59,040 If 4 enter \$43,480                      If 7 enter \$65,095 For each additional exemption over 7 add \$1,465 to \$65,095 Enter total for all exemptions.....	\$ _____	\$ _____
17) TOTAL ADJUSTMENTS TO INCOME ( <i>Add lines 8 through 16</i> ) .....	\$ _____	\$ _____
18) <b>COMPARATIVE NEED INDEX</b> ( <i>Subtract line 17 from line 7</i> ) .....	\$ _____	\$ _____

**B. ANTICIPATED FINANCIAL ASSISTANCE FROM OTHER SOURCES:** Please list any financial assistance you expect to receive in 2009-10 from other sources (congregation, family members, district, Salem Foundation, etc.) on behalf of this applicant.

Source of Assistance	Amount Expected	Anticipated Date(s) of receipt
	\$	
	\$	

**TOTAL: \$** \_\_\_\_\_

**C. SPECIAL CIRCUMSTANCES:** Please describe any special circumstance(s) that has or will affect your family's financial situation (such as unemployment or major medical expenses). If you expect those changes to affect your 2009 income significantly, 10% or more, please complete the "estimated 2009" column on the page 3 and explain here.

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**D. CHURCH OFFERINGS:** If you would like us to take offerings made to your local congregation into account as an adjustment to income, you must include documentation (e.g., Church statement, letter from the Treasurer, etc). Please enter the total amount on page 3, line 14. Note: If you are a called worker and your congregation uses offset withholding of offerings as a salary reduction, your offerings are already taken into account.

**E. VERIFICATION OF INCOME:** Please attach a photocopy of both sides of your IRS form 1040 or 1040A, or page 1 of your 1040EZ for the year 2008 as well as W-2 forms.

**PART FOUR: CHECKLIST OF ENCLOSED**

Please be sure all appropriate forms are enclosed:

- \*IRS form 1040, 1040A or 1040EZ copy - *Married couples filing individual returns -attach both returns to this application.*
- \*W-2 form copy
- \*Work sheet #1 & 2: Housing Benefit (If applicable) & Tuition/Fees Worksheet
- \*Copy of congregational offering statement (if applicable)
- \*MLS Seniors-MLC application for admission for fall of 2010

**PART FIVE: SIGNATURE**

I affirm that all information on this form is accurate and complete.

Responsible Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please mail this form to: Financial Assistance, MLS,  
2777 Hardin Street, Saginaw, MI 48602  
Priority consideration will be given to applications received by deadlines  
1<sup>st</sup> Deadline-March 1, 2009 & 2<sup>nd</sup> Deadline-May 1, 2009*

# WORK SHEET #1: HOUSING BENEFIT

For pastors, teachers, and others receiving a nontaxable housing benefit:

Please check the appropriate statement:

\_\_\_\_\_ I lived in a home provided by the calling body I served in 2008. (Complete part A)

\_\_\_\_\_ I rented a home/apartment or owned my own home in 2008. (Complete part B)

Part A – For those who live in a home provided by the calling body

- 1) Enter the annual fair rental value of the home provided for you (\$9,440 or your actual figure, whichever is greater)..... \$ \_\_\_\_\_
- 2) Enter the annual total amount the IRS allowed you to deduct for furnishings and utilities expense (Section 107)..... \$ \_\_\_\_\_
- 3) TOTAL (Add lines 1 & 2, enter this amount on Page 3 line 6) ..... \$ \_\_\_\_\_

Part B – For those who rented or lived in their own home and received a Cash Housing Allowance for 2008

- 1) Enter the annual amount of your cash housing allowance not included in your Adjusted Gross Income ..... \$ \_\_\_\_\_
- 2) Enter the annual total amount IRS allowed you to deduct for furnishings and utilities expense (Section 107) ..... \$ \_\_\_\_\_
- 3) TOTAL (Add lines 1 & 2, enter this amount on Page 3, line 6) ..... \$ \_\_\_\_\_

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

RETURN THIS WORK SHEET WITH YOUR APPLICATION

## WORK SHEET #2: TUITION/FEEES

Please list the tuition and fees you expect to pay during the 2009-10 school year for all dependent\* children in your care (include this applicant.) This may include tuition and fees paid for elementary school, high school, and college level, but not for post-graduate level studies. **DO NOT INCLUDE THE COST OF ROOM AND BOARD.**

\*Dependent children are those you claim for IRS purposes

For students attending WELS ministerial education schools, the following amounts should be entered into the tuition/fees column.

Martin Luther College ..... \$ 10,600

Michigan Lutheran Seminary

>Student with no other family member at a WELS  
Ministerial Education school ..... \$ 4,725

>Student with 1 or more family members at  
a WELS Ministerial Education school ..... \$ 4,105

Name of Child	School Attending	Grade Level	2009-10 Tuition and Fees (no room & board)
			\$
			\$
			\$
			\$
			\$

TOTAL TUITION AND FEES FOR 2009-10 (total last column in table.) *Enter this figure on page 3, line 13*      \$ \_\_\_\_\_

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

RETURN THIS WORK SHEET WITH YOUR APPLICATION.