



Register

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Contact Info

Customer

Prefix	<input type="text" value="-- None --"/>
First Name*	<input type="text"/>
Middle Name	<input type="text"/>
Last Name*	<input type="text"/>
Suffix	<input type="text" value="-- None --"/>

Address

Country*	<input type="text" value="United States"/>	
Street Address*	<input type="text"/>	Add
City*	<input type="text"/>	
State*	<input type="text" value="-- Select --"/>	
ZIP Code*	<input type="text"/>	
Time Zone*	<input type="text" value="Eastern Time"/>	

Phone Numbers

At least one phone number is required.

Daytime Phone	<input type="text" value="US"/>	<input type="text" value="()"/>	<input type="text" value="-"/>	<input type="text"/>	Ext. <input type="text"/>
Evening Phone	<input type="text" value="US"/>	<input type="text" value="()"/>	<input type="text" value="-"/>	<input type="text"/>	Ext. <input type="text"/>
Cell Phone	<input type="text" value="US"/>	<input type="text" value="()"/>	<input type="text" value="-"/>	<input type="text"/>	

E-mail Address

E-mail Address	<input type="text" value="bwhite@factsmgt.com"/>
----------------	--

To provide you the best customer service possible, FACTS may contact you by any phone number associated with you, including cellular and wireless numbers. We may also contact you using automatic dialing systems, artificial or pre-recorded messages, text messages, or e-mails. By clicking 'Next' below, you agree to such contact related to your account.

[Next](#)[Cancel](#)

"What to Expect" in the coming pages



1 Application Questions

You can [view/print](#) the list of questions which will be a part of your application. Please note the questions may change based on the institutions you apply to.

2 Documentation Required

Depending on your application some or all of the following documents may be required.


- Copy of 2011 or 2012 IRS Federal Form [1040](#), [1040A](#) or [1040-EZ](#) U.S. Individual Income Tax Return. If applicant and co-applicant file separately, we require both tax returns for the same tax year.
- Copies of all 2012 [W-2 Wage and Tax Statements](#) for both the applicant and co-applicant.
NOTE: If you are applying before you have received all the 2012 W-2 Wage and Tax Statements, please submit them as soon as they become available.
- Copies of all supporting tax schedules if you have income/loss from any of the following*:
 - Business - (Form 1040 Line 12) send [Schedule C](#) or [C-EZ](#) and [Form 4562](#) Depreciation and Amortization
 - Farm - (Form 1040 Line 18) send [Schedule F](#) and [Form 4562](#) Depreciation and Amortization
 - Rental Property - (Form 1040 Line 17) send [Schedule E](#) (page 1)
 - S-Corporation - (Form 1040 Line 17) send [Schedule E](#) (page 2), [Form 1120S](#) (4 pages), [Schedule K-1](#) and [Form 8825](#)
 - Partnership - (Form 1040 Line 17) send [Schedule E](#) (page 2), [Form 1065](#) (5 pages), [Schedule K-1](#) and [Form 8825](#)
 - Estates and Trusts - (Form 1040 Line 17) send [Schedule E](#) (page 2), [Form 1041](#) and [Schedule K-1](#)

*** IMPORTANT:** If you file a tax return but do not have W-2 wages because you are self-employed, you will be required to submit a copy of your **2012** Federal Form 1040 Tax Return.

- Copies of all supporting documentation for household Non-Taxable Income such as: Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF).

3 Navigation

Before you begin, it will be helpful to get oriented with the Grant & Aid application.

- On the left side of the application, you will see the progress of the application. After each section is complete you will see a green check icon .
- To the right of the form, you will see help text as you progress from field to field.
- Errors or problems with the application will be noted with a red error icon , and you will be required to correct any errors before moving to another section.

Please do not use the browser Back button, doing so may cause unexpected results.

The form is automatically saved as you progress through by clicking the "Next" button. You may also save it by clicking the "Save & Exit" button.

[Begin Application](#)

**Lincoln Academy of FACTS**

2013-2014

[What to Expect](#)[Form](#)[Application Summary](#)[FAQs](#)**Select Schools**

Please list all PK-12 schools where you pay tuition for a student in your household.

Select	School Name	City	State	ZIP Code	App Status
<input checked="" type="checkbox"/>	Lincoln Academy of FACTS	Lincoln	NE	68508	Incomplete

[Add Another School To This Application](#)[Start Application](#)

**Lincoln Academy of FACTS**

2013-2014

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0% Complete

Applicant & Co-Applicant[Applicant](#)[Co-Applicant](#)**Student & School**[Student Information](#)[School Information](#)**Income Information**[Taxable Income](#)[Non-Taxable Income](#)[Change of Income](#)**Expense Information**[Monthly Expenses](#)[Annual Expenses](#)**Assets & Liabilities**[Assets & Liabilities](#)**Payment Information**[Review](#)[Terms & Conditions](#)**Applicant Information**

Required fields are marked with *

Parent or Guardian Information

Prefix

Mr.

*First

*Last

Middle

Suffix

Select...

*Mailing Address

[Add](#)

*City

*State

NE

*Zip

County of Residence

Select...

*Country

United States

Daytime Phone

US (402) 111-1111

Ext

Evening Phone

US

Ext

Cell Phone

US

E-Mail Address

*Social Security Number

*Date of Birth

Month Day Year

*Marital Status

Select...

*Relationship to Student(s)

Select...

Occupation

Employer

*Employment Status

Select... **Place of Worship Information**

Place of Worship ++

City

State

Select...

Zip

☐ I do not attend a Place of Worship

Religious Affiliation ++

Select...

++ Demographic information is not required for FACTS to evaluate your need but may be required by your school, diocese, or organization providing the scholarship.

[Save & Exit](#)[Next
Save & Continue](#)

**Lincoln Academy of FACTS**

2013-2014

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8% Complete

Applicant & Co-Applicant☒ **Applicant**☐ **Co-Applicant****Student & School**[Student Information](#)[School Information](#)**Income Information**[Taxable Income](#)[Non-Taxable Income](#)[Change of Income](#)**Expense Information**[Monthly Expenses](#)[Annual Expenses](#)**Assets & Liabilities**[Assets & Liabilities](#)**Payment Information**[Review](#)[Terms & Conditions](#)**Co-Applicant Information**

Required fields are marked with *

☐ I do not have a Co-Applicant living in my household.**Co-Applicant - Parent or Guardian Information**

*First *Last Middle

*Social Security Number *Date of Birth
 Month Day Year

Relationship to Student(s)

 Select...

Occupation Employer

Employment Status
 Select...

Co-Applicant - Place of Worship Information

Place of Worship ++

City State Zip

☐ I do not attend a Place of Worship

Religious Affiliation++

 Select...

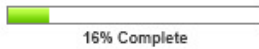
++ Demographic information is not required for FACTS to evaluate your need but may be required by your school, diocese, or organization providing the scholarship.

Your Application ID
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Save & Continue

**Lincoln Academy of FACTS**

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It is imperative that you complete this section for ALL students in the household attending a tuition-charging PK-12 institution. A student may apply to multiple institutions on one application.

Add New Student

Required fields are marked with *

*First	*Last	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Date of Birth		Gender ++
Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>
		<input type="radio"/> Male <input type="radio"/> Female
Social Security Number	Ethnicity ++	
<input type="text"/>	Select... <input type="text"/>	

[Add This Student](#)

++ Demographic information is not required for FACTS to evaluate your need but may be required by your school, diocese, or organization providing the scholarship.

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25% Complete

Applicant & Co-Applicant

☒ Applicant☒ Co-Applicant

Student & School

☒ Student Information☒ School Information

Income Information

Taxable Income

Non-Taxable Income

Change of Income

Expense Information

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Assets & Liabilities

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School Information

Required fields are marked with *

Please estimate approximate amounts if you are not sure.

Select the ☒ below for all tuition charging PK-12 schools where the student is applying to or will attend.

Jim White

[Add School](#)

* School Applying To	* Grade Entering	* Annual Tuition	* How much can you pay?
<input checked="" type="checkbox"/> Lincoln Academy of FACTS	Select...		

Annual tuition support required from this child's non-custodial parent as a result of legal separation, divorce or paternity proceeding. Do not include child support payments.

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**Lincoln Academy of FACTS**

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33% Complete

Applicant & Co-Applicant

- ☒ Applicant
- ☒ Co-Applicant

Student & School

- ☒ Student Information
- ☒ School Information

Income Information

- Taxable Income**
- Non-Taxable Income
- Change of Income

Expense Information

- Monthly Expenses
- Annual Expenses

Assets & Liabilities

- Assets & Liabilities

Payment Information

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- Terms & Conditions

Taxable Income

Required fields are marked with *

Size of Household

- *1a. Number of adults living in this household?
- *1b. Number of children living in this household?
- *2. Do you file a federal income tax return?
 - ☐ Yes, I file taxes
 - ☐ Yes, I file taxes but do not receive income from W2's
 - ☐ No, I do not file taxes
- 3. Does the co-applicant file a federal income tax return?
 - ☐ Yes, files jointly with applicant
 - ☐ Yes, files jointly with the applicant but does not receive income from W2's
 - ☐ Yes, files separately from applicant
 - ☐ Yes, files separately from the applicant and does not receive income from W2's
 - ☐ No, does not file

Taxable Income

- *4. Please list the "Adjusted Gross Income" from the applicant's most recent federal income tax return.
- 5. If filing jointly or if there is not a co-applicant, enter "0". If filing separately, list the "Adjusted Gross Income" from the co-applicant's most recent federal tax return.
- *6. Do you own any of the following?

Business	<input type="radio"/> Yes <input type="radio"/> No
Farm	<input type="radio"/> Yes <input type="radio"/> No
Rental Property	<input type="radio"/> Yes <input type="radio"/> No
S Corporation	<input type="radio"/> Yes <input type="radio"/> No
Partnership	<input type="radio"/> Yes <input type="radio"/> No
Estates and Trusts	<input type="radio"/> Yes <input type="radio"/> No

Your Application ID
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**Lincoln Academy of FACTS**

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41% Complete

Applicant & Co-Applicant

- ☒ Applicant
- ☒ Co-Applicant

Student & School

- ☒ Student Information
- ☒ School Information

Income Information

- ☒ Taxable Income
- Non-Taxable Income**
- Change of Income

Expense Information

- Monthly Expenses
- Annual Expenses

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Non-Taxable Income

Required fields are marked with *

Please list the amount and frequency (Week, Month or Year) you receive for each type of non-taxable income.

- | | | If none, enter 0 |
|---|----------------------------------|--|
| *7. Child Support Received | <input type="text" value="\$0"/> | per <input type="text" value="Select..."/> |
| *8. Social Security benefits received that were not taxed, such as SSI | <input type="text" value="\$0"/> | per <input type="text" value="Select..."/> |
| *9. Temporary Assistance for Needy Families (TANF) | <input type="text" value="\$0"/> | per <input type="text" value="Select..."/> |
| *10. Welfare and/or Aid for Families with Dependent Children (AFDC/ADC) | <input type="text" value="\$0"/> | per <input type="text" value="Select..."/> |
| *11. Food Stamps | <input type="text" value="\$0"/> | per <input type="text" value="Select..."/> |
| *12. Tuition support anticipated from friends/relatives/employer | <input type="text" value="\$0"/> | per <input type="text" value="Select..."/> |
| *13. Worker's Compensation | <input type="text" value="\$0"/> | per <input type="text" value="Select..."/> |
| *14. Other Nontaxable Income | <input type="text" value="\$0"/> | per <input type="text" value="Select..."/> |

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**Lincoln Academy of FACTS**

2013-2014

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50% Complete

Change of Income

Required fields are marked with *

Your Application ID
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Applicant & Co-Applicant

☒ [Applicant](#)☒ [Co-Applicant](#)

Student & School

☒ [Student Information](#)☒ [School Information](#)

Income Information

☒ [Taxable Income](#)☒ [Non-Taxable Income](#)☒ [Change of Income](#)

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*15. Do you anticipate a decrease in your annual income for 2013?

☒ Yes ☐ No

*a. What do you anticipate your income to be for 2013?

b. What do you anticipate your co-applicant's income to be for 2013?

*c. Your income will be reduced in the coming year for the following reason(s). (Select all that apply.)

	Applicant	Co-Applicant
Unemployed or expect to be unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Will have reduced hours	<input type="checkbox"/>	<input type="checkbox"/>
Plan to take a job at a lower wage rate	<input type="checkbox"/>	<input type="checkbox"/>
Exiting the workforce and plan to work in the home	<input type="checkbox"/>	<input type="checkbox"/>
Filing for a legal separation or divorce	<input type="checkbox"/>	<input type="checkbox"/>
Plan to retire	<input type="checkbox"/>	<input type="checkbox"/>
Medical reasons	<input type="checkbox"/>	<input type="checkbox"/>
Death of a spouse	<input type="checkbox"/>	<input type="checkbox"/>
Increase in family size	<input type="checkbox"/>	<input type="checkbox"/>
Loss of alimony or spousal support	<input type="checkbox"/>	<input type="checkbox"/>
Military reasons	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Applicant

Co-Applicant

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**Lincoln Academy of FACTS**

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58% Complete

Monthly Expenses

Required fields are marked with *

Your Application ID
826225

Applicant & Co-Applicant

☒ Applicant☒ Co-Applicant

Student & School

☒ Student Information☒ School Information

Income Information

☒ Taxable Income☒ Non-Taxable Income☒ Change of Income

Expense Information

☒ Monthly Expenses

Annual Expenses

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Residential Expenses

- *1. Do you rent or own your primary residence?
- *2. Monthly rent or mortgage payment? (Include principal, interest, taxes and home insurance.)
- *3. Do you own a second home (not including rental property)? ☐ Yes ☐ No
- a. If yes, what is the monthly mortgage payment on your second home (including principal, interest, taxes, and home insurance)?
- *4. Monthly home equity loan payments

Vehicle Expense

5. Add all vehicles leased or owned, including any vehicle that does not have a monthly payment. Please do not include insurance expense.

<input type="text" value="Make/Model"/>	<input type="text" value="Year"/>	<input type="text" value="Monthly Payment"/>	<input type="button" value="Add This"/>
---	-----------------------------------	--	---

Credit Cards and Other Loans

- *6. Total Credit Card Debt
- *7. Total of all minimum amounts due on monthly credit card statements
- *8. Monthly student loan payments for family members no longer attending college
- *9. Do you have other monthly loan payments? (Do not include cell phone, utilities, or other living expenses.) ☐ Yes ☐ No
- If yes, please list below.

<input type="text" value="Loan Creditor"/>	<input type="text" value="Monthly Payment"/>	<input type="button" value="Add This"/>
--	--	---

- *10. Monthly Child Support Payments
- *11a. Health insurance premiums paid per month
- *11b. Health insurance premiums are paid

Go back
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**Lincoln Academy of FACTS**

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66% Complete

Applicant & Co-Applicant☒ [Applicant](#)☒ [Co-Applicant](#)**Student & School**☒ [Student Information](#)☒ [School Information](#)**Income Information**☒ [Taxable Income](#)☒ [Non-Taxable Income](#)☒ [Change of Income](#)**Expense Information**☒ [Monthly Expenses](#)☒ [Annual Expenses](#)**Assets & Liabilities**[Assets & Liabilities](#)**Payment Information**[Review](#)[Terms & Conditions](#)**Annual Expenses**

Required fields are marked with *

*12. Annual Vehicle Insurance Expense

*13. Total annual out-of-pocket medical expenses not paid by insurance

*14. Charitable contributions - cash or checks per year

College Expenses

*15a. Number of family members attending college beginning this fall

15b. Total amount of your family's out-of-pocket cost for college expected this school year

Child/Day Care Expenses

(Do not include preschool/prekindergarten expenses. This should be indicated in Section 2 - School Information.)

*16a. Number of children for whom you pay child/day care expenses beginning this fall

16b. Total amount of child/day care expenses expected this year

Elder Care Expenses

*17a. Number of people for whom you pay elder care expenses

17b. Total amount of elder care expenses expected this year

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Lincoln Academy of FACTS

2013-2014

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75% Complete

Assets & Liabilities

Your Application ID
826225

Required fields are marked with *

Applicant & Co-Applicant

☒ [Applicant](#)

☒ [Co-Applicant](#)

Student & School

☒ [Student Information](#)

☒ [School Information](#)

Income Information

☒ [Taxable Income](#)

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Assets & Liabilities

☒ [Assets & Liabilities](#)

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- *1. Value of cash, savings, and/or checking accounts
- *2. Value of stocks, bond investments, mutual funds, and/or certificates of deposit
- *3. Value of retirement plan assets
- *4. What is your and/or your spouse's annual contribution to retirement plan assets?
5. If you own your home, what is the estimated value? \$0
6. If you own your home, what is the amount you owe? \$0
7. If you own a second home, what is the estimated value? \$0
8. If you own a second home, what is the amount you owe? \$0

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**Lincoln Academy of FACTS**

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83% Complete

Review FormYour Application ID
826225

Before submitting the form, please review and check if all the details have been captured correctly. You can navigate to other sections by using the left navigation.

Form once submitted cannot be edited.

[Print Form](#)**Applicant & Co-Applicant**☒ [Applicant](#)☒ [Co-Applicant](#)**Student & School**☒ [Student Information](#)☒ [School Information](#)**Income Information**☒ [Taxable Income](#)☒ [Non-Taxable Income](#)☒ [Change of Income](#)**Expense Information**☒ [Monthly Expenses](#)☒ [Annual Expenses](#)**Assets & Liabilities**☒ [Assets & Liabilities](#)**Payment Information**[Review](#)[Terms & Conditions](#)**Applicant Information** [\[EDIT\]](#)

Mr. Brett White
1000 12th St
Lincoln, NE, 68510, United States
Daytime Phone: (402)111-1111
bwhite@factsmgt.com

SSN: ***-**-3456
Date of Birth: 3/3/1983
Marital Status: Single
Relationship to Student: Father
Employment Status: Full Time

Co-Applicant Information [\[EDIT\]](#)

I do not have a Co-Applicant living in my household

Student Information [\[EDIT\]](#)

Jim White
Date of Birth: 4/3/2008
Gender: M
Ethnicity: Caucasian

School Information [\[EDIT\]](#)

Jim White
School applying to: Lincoln Academy of FACTS
Grade entering: 5th
Annual tuition: \$1,000
How much you can pay: \$500

Taxable Income [\[EDIT\]](#)

Size of Household:

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**Lincoln Academy of FACTS**

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91% Complete

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Applicant & Co-Applicant

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- ✓ [Co-Applicant](#)

Student & School

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- ✓ [School Information](#)

Income Information

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- ✓ [Change of Income](#)

Expense Information

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- ✓ [Annual Expenses](#)

Assets & Liabilities

- ✓ [Assets & Liabilities](#)

Payment Information

- ✓ [Review](#)

[Terms & Conditions](#)Terms & Conditions

FACTS Grant & Aid Assessment ("FACTS") provides financial aid analysis services to participating educational institutions. The institution granting aid is solely responsible for determining the final aid award. Submission of the application does not guarantee receipt of financial aid. FACTS assumes no liability whatsoever should financial aid be denied for any reason.

Privacy and Security

Data collected and stored by FACTS pursuant to this application is considered the property of the participating institution. The data will not be used by FACTS in any manner not approved by the participating institution and will not be shared with any third parties without the prior consent of the institution unless requested by you or as required by applicable law. Access to the data shall be restricted except to the extent that FACTS associates must access the data to provide service to you or the institution. FACTS maintains physical, procedural, and electronic safeguards to protect data from being accessed by unauthorized third parties.

Authorization

FACTS is authorized to provide any personal and financial information produced to the educational institution(s) to which I have applied or their affiliates.

The information provided on this form is true, correct, and complete to the best of my knowledge. I am authorized to sign this form and to disclose this information.



☐ I have read and accept these terms[Previous](#)
Go back[Finish Later](#)[Submit Form](#)

Lincoln Academy of FACTS 2013-2014

Thank you, you are almost done!

Your form was successfully submitted but your application is still incomplete.

[Upload Supporting Documents](#)
[Print Coversheet](#)

Application ID: 826225
Applicant Name: Brett White
Date: 12/10/2012 2:40:32 PM
Form:  Form was successfully submitted
Supporting Documents:  Please submit the supporting documents as listed below

This printout can be used as a cover page if you choose to fax your supporting tax documents

The following supporting documents are required to complete the application process:



- 1 Copy of 2011 or 2012 IRS Federal Form [1040](#), [1040A](#) or [1040-EZ](#) U.S. Individual Income Tax Return. If applicant and co-applicant file separately, we require both tax returns for the same tax year.
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- 4 Copies of all supporting documentation for household Non-Taxable Income such as: Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and Temporary Assistance for Needy Families (TANF).

Upload Documents

Click [here](#) to upload supporting tax documents

- Documents must be in PDF format.
- The size of each document must be less than 50 MB.

Fax/Mailing Instructions

If you are unable to upload, please mail or fax the supporting tax documents to:

- FACTS Grant & Aid Assessment
P.O. Box 82524
Lincoln, NE 68501-2524
- Fax Number: 888-315-9264

Please allow two weeks from the date you provided the supporting documentation before inquiring further about receipt and/or status of these documents.

[Upload Supporting Documents](#)
[Go to Application Summary](#)
[Print Coversheet](#)