

SIOUX CENTER CHRISTIAN TUITION GRANT APPLICATION

2024

*Includes NICSTO and SCCS Tuition Grants

Last Name	First Name	Annual Income *
Address	Spouse	Annual Income *
City, State	* Adjusted Gross Income from Federal Form 1040; line 11	
	A copy of pages 1 & 2 of your Federal Form 1040	
Zip	must accompany this application.	

List Children Living in Household	Age	School	Grade	Annual Income
1.				
2.				
3.				
4.				
5.				
6.				

TOTAL FAMILY INCOME

The following requirements are in place to qualify for NICSTO funding (one of the two options SCCS has available)

Use this chart to determine your eligibility	No. In Family	Federal Poverty Income Guidelines	NICSTO GUIDELINES** Household Income
		2	\$20,440
	3	\$25,820	\$103,280
	4	\$31,200	\$124,800
	5	\$36,580	\$146,320
	6	\$41,960	\$167,840
	7	\$47,340	\$189,360
	8	\$52,720	\$210,880
	For each additional member	\$5,380	\$21,520

Federal Register Poverty Guidelines Jan 20, 2024

Updated 1/20/2024

*ESA eligibility goes up to 400% of the poverty line

**NICSTO eligibility goes up to 400% of the poverty line

Our family qualifies for NICSTO funding _____ YES
_____ NO

Turn this page over to continue completing this form.

If you do not not qualify for NICSTO due to income limits, but still want to apply for an SCCS tuition grant, please complete the following information:

Have you approached your deaconate/church to request assistance? _____YES _____NO

Do you receive funding from Dordt University as part of your employment? _____YES _____NO

Would you be willing to work out a matching arrangement? For example, if \$1,000 of assistance is provided, you would match \$1,000 toward tuition. _____YES _____NO

Please check the reasons for the need of tuition assistance:

_____ medical needs

_____ adoption expenses

_____ employment issues

_____ other extenuating circumstances

Please provide any information that would be helpful to the finance team for decision-making:

We are requesting \$_____ in tuition assistance funding.

Certification and Signature: I certify (promise) that all information on this application is true and that all income is reported. I understand that I will be receiving tuition assistance based on the information provided. **I understand that NICSTO or school may verify or check the information provided.** I understand that if I purposely give false information I will not receive tuition aid and will not be eligible to reapply.

Signature of Adult Completing Form

Printed Name of Adult Completing Form

Date

Phone Number

Social Security Number (Required)

OFFICE USE
Tuition Grant Given: \$ _____
Communicated to family: _____
Account(s): _____
Signed: _____