

SIOUX CENTER CHRISTIAN TUITION GRANT APPLICATION

2025

*Includes NICSTO and SCCS Tuition Grants

Last Name	First Name	Annual Income *
	Spouse	
Address		
City, State		
Zip		

* Adjusted Gross Income from Federal Form 1040; line 11

A copy of pages 1 & 2 of your Federal Form 1040 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	\$21,150	\$84,600
	3	\$26,650	\$106,600
	4	\$32,150	\$128,600
	5	\$37,650	\$150,600
	6	\$43,150	\$172,600
	7	\$48,650	\$194,600
	8	\$54,150	\$216,600
	For each additional member	\$5,500	\$22,000

Federal Register Poverty Guidelines Jan 2025

Updated 1/17/2025

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

Our family qualifies for NICSTO funding

____YES ____NO

Turn over to complete 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: _____