

TUITION ASSISTANCE FOR THE SCHOOL YEAR: 2024-2025

Section 1: Family Information

Parent Name: _____ Member: _____ Non-Member: _____

A): NAMES OF STUDENTS ATTENDING OUR FATHER'S LUTHERAN SCHOOL

1): _____ Entering Grade: _____

2): _____ Entering Grade: _____

3): _____ Entering Grade: _____

B): Person (s) Responsible for Payment of Tuition:

C: Parent/Guardian (if same as B, write SAME)

Relationship to Student: _____

Name: _____

Name: _____

Address: _____

Address: _____

City & Zip: _____

City & Zip: _____

Telephone: _____

Telephone: _____

D): PARENTS MARITAL STATUS (circle one)

1): Single 2): Married 3): Widowed 4): Both deceased 5): Divorced 6): Separated

E): EMPLOYER: _____

(Father/Guardian)

(Mother/Guardian)

OCCUPATION: _____

(Father/Guardian)

(Mother/Guardian)

Section 2: Financial Information *Please complete Section A and/or B, whichever applies. Provide financial information for the parent(s) or guardian(s) who are responsible for the payment of tuition.*

A): Last Year's Gross Income Earned by:

B): Last Year's Non-Taxable Income

(1). Father/Stepfather/Male Guardian \$ _____
(2). Mother/Stepmother/Female Guardian \$ _____
(3). Total Gross Income as reported on last \$ _____
year's IRS Form 1040, 1040A, or 1040EZ

	<u>Per Month</u>	<u>Per Year</u>
Child Support:	\$ _____	\$ _____
Welfare/W-2:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
All other Income:	\$ _____	\$ _____
Total Non-Taxable Income for last year	\$ _____	\$ _____

IMPORTANT:

Please return a signed Photostat copy of your completed Federal Income Tax Return with supporting schedules and/or proof of Social Security, W-2, or other nontaxable income to the School Office. If for some reason you cannot submit your tax return or financial information, please contact the School Office at 282-7500.

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Section 3:

Please describe (attach information) any unusual circumstances or additional information that will assist us in our consideration of your student aid request. Include dollar figures if your income has changed significantly from last year.

Section 4:

When financial assistance is granted, the following conditions MUST be met by the applicant (parent/guardian) on a monthly basis during the ten months of tuition. Failure to meet any of these requirements will result in the requirement of full tuition for that month.

50% Church Attendance (applicant must attend a minimum of two Sunday/Thursday services each month, and mark attendance on the cards provided in each pew.)

Regular giving to the church, using the offering envelopes provided (a minimum amount is not set for the applicant each month, but applicant is expected to offer something at each service attended.)

Two hours of service monthly, assigned beyond the twenty service hours expected of all families (these additional service hours will be arranged with the principal, and a log kept describing time and job completed.)

Non-members are required to attend membership classes. Arrangements are to be made with the Pastor (through the Church secretary, at 282-8220) and may vary in length depending on applicant's knowledge of LCMS doctrine and practices. Membership is not required, but attendance at membership classes is required.

Section 5:

I give permission to the financial assistance committee to execute a credit check to verify my financial information (signature of all parent/guardians responsible for tuition related to the application is required.)

I certify that all information herein provided is accurate and complete.

Parent/Guardian Signature

Date

Evidence of inaccurate or misinformation may terminate agreement.