

TUITION ASSISTANCE APPLICATION FORM

PARENT(S) LAST NAME _____

STUDENT(S) LAST NAME _____

PHONE # _____

Keep a copy of this application.

To be considered for Financial Aid, you must submit a new form for each year and attach a copy of all necessary tax documents listed below. Grants are determined and awarded each year by a financial review process that uses an objective set of guidelines to determine eligibility factors. Awards will be determined within a month of receiving an application form and all necessary documentation.

Please note the required tax year documentation .

1. Detailed copies of D O O S D J H V D Q G 6 F K H G F e d e r a l I n c o m e T a x R e t u r n H D U ¶ V Form 1040, 1040A or 1040EZ
2. Copies of all current W-2 Wage and Tax Statement Forms.
(Please make sure all documentation is copied on regular 8 1/2 x 11 paper).
3. This application form filled out in its entirety, signed and dated by the Parent(s) or Guardian(s) listed in Sections A and B.

IMPORTANT: If the above items do not accompany this application, your application will not be considered complete.

** ALL INFORMATION IS STRICTLY CONFIDENTIAL. ANY INFORMATION PROVIDED IS SIMPLY USED IN AN EFFORT TO FAIRLY DETERMINE WHAT AMOUNT IF ANY YOU QUALIFY FOR. ANY SHARING OF , OR RELEASE OF AID RECEIVED WITH OTHER FAMILIES WILL JEOPARDIZE FUTURE FINANCIAL ASSISTANCE.

DEPENDENTS (DO NOT LEAVE BLANK)

Number of dependent children who will attend a tuition charging school: daycare, Pre-K, elementary school, secondary school, or college in the fall of 20__ . _____

Name of school students planning to enter in the fall of 20__

(PLEASE DO NOT ABBREVIATE)

Please list all dependent children in order of oldest to youngest, including college students.

	Dependent Last Name	Dependent First Name	Age	Grade in the Fall 20__	Applying for Aid Yes/No	Amount I/We feel I/We can pay toward tuition	Tuition charged yearly per student	Office Use only
1								
2								
3								
4								
5								

UNUSUAL CIRCUMSTANCES (Check all that apply to your situation)

- a. Loss of job
- b. Recent separation/divorce
- c. Change in family living status
- d. Change in work status
- e. Bankruptcy
- i. Death in the family
- j. Shared custody
- k. High debt
- l. Child support reduction

WHAT IS NEEDED TO PROCESS THIS APPLICATION
(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE
CONSIDERED COMPLETE)

1. This application form filled out in its entirety, SIGNED AND DATED BELOW by the Parent or Guardian listed in Sections A and B.
2. Detailed copies of all SD J H V D Q G 6 F K H G X O H Federal Income Tax Return Form 1040, 1040A or 1040E, and W-2 FORMS.
3. If you have not yet filed a current IRS FORM 1040. Then your most recent Form 1040, 1040A or 1040E. And most recent W-2 FORMS.

SIGN HERE

I/we declare that the information on this form is true, correct, and complete to the best of our knowledge. We understand that sharing any aid we receive with other families will not only jeopardize future financial assistance for others, but for us as well. I/we authorize Grace Lutheran School to use such forms ONLY in determining Financial Aid.

Parent/Guardian A _____ Date: _____

Parent/ Guardian B _____ Date: _____