

# APPLICATION FOR LUTHERAN ELEMENTARY SCHOOL PreK – GRADE 8 TUITION ASSISTANCE

*St. Paul's Evangelical Lutheran School – Stevensville, MI*  
2010 – 2011 School Year

Please complete all information on this form by July 1, 2010. Submit to Tuition Committee via dropping off at church/school or by mailing to:

St. Paul's Evangelical Lutheran School  
Attn: Tuition Committee  
2673 John Beers Road  
Stevensville, MI 49127

## BASE INFORMATION

NAME OF STUDENT(S):

ENTERING GRADE:

_____	_____
_____	_____
_____	_____

### HOME ADDRESS:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ 's Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ 's Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## FAMILY INFORMATION

### FATHER

### MOTHER

Name

\_\_\_\_\_ - \_\_\_\_\_  
Church Attending

Occupation

Employer

**HOUSEHOLD INCOME** – if split family, list full amounts (in some cases four adults) of each household separately.

2009 Family Gross Annual Income. (I.R.S form 1040 Line 22)

\$ \_\_\_\_\_

Estimated 2010 total income from wages, rent, self-employment, interests, etc...

\$ \_\_\_\_\_

Estimated 2010 total income from Social Security, unemployment, support payments, welfare, etc.

\$ \_\_\_\_\_

**NOTE: ATTACH COPY OF FIRST TWO PAGES OF  
TAX FORM FOR 2009 (1040, 1040A, 1040EZ)**

# CIRCUMSTANTIAL INFORMATION

Do you have other dependants living in your household who look to you for support? If so, list them:

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

Is anyone in your family paying child support? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, indicate amount:

\_\_\_\_\_

Have any circumstances arisen in the past year which caused a change in your level of income?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please explain below:

\_\_\_\_\_  
\_\_\_\_\_

Is unemployment a factor? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, explain:

\_\_\_\_\_

List any other unusual conditions that present financial difficulties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information which you feel would assist the committee in considering this application?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you funding other education costs (preschool, high school, college, seminary)? If so, please list:

Name	Institution	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Amount of financial assistance that you are applying for \$ \_\_\_\_\_**  
**(required information for application to be considered)**

**PROMPT monthly payments are required for annual assistance.**

**NOTE:** In some cases you may be asked to personally clarify you situation before the St. Paul's Tuition Committee.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_