

APPLICATION STUDENT GRANT IN AID

It is never our intention to exclude any children from membership in the Immanuel Lutheran School student body resulting from inability of their parents to meet financial requirements of tuition, member assessments, or other school fee. Consequently, we are grateful to generous persons who have given gifts to an Immanuel Lutheran School Scholarship Fund. Because such a fund exists, we are able to award financial, need-based grants-in-aid to parents of students and prospective students of our school (grades kindergarten through eighth). Various sized grants-in-aid are awarded, as various applicants have differing needs.

A congregational financial aid committee has been appointed to assist you in your request for such a grant-in-aid, to ascertain your particular financial need, and to determine your eligibility for receiving a grant for a particular school year.

So our financial aid committee may render a fair decision, please provide for us this completed application form, a photocopy of your most recent signed United States 1040 Federal Income Tax Return, including all schedules, and a photocopy of your most recent State Income Tax Return, including all schedules. All information will be kept in strictest confidence. These forms are to be submitted to the school office at any time, but it is preferred that the application be submitted by the second week of April for the following school year for which financial assistance is being requested.

PARENTS ARE TO COMPLETE AND SUBMIT THIS APPLICATION FORM, TOGETHER WITH A PHOTOCOPY OF THEIR MOST RECENT SIGNED UNITED STATES 1040 FEDERAL INCOME TAX RETURN, INCLUDING ALL SCHEDULES, A PHOTOCOPY OF THEIR MOST RECENT STATE INCOME TAX RETURN, INCLUDING ALL SCHEDULES, AND A COPY OF ALL W2'S. IF THE CHILD (REN)'S FATHER AND MOTHER SHARE CHILD CUSTODY, BUT THEY FILED SEPARATE INCOME TAX RETURNS, THEN SIGNED PHOTOCOPIES OF ALL RETURNS MUST BE SUBMITTED.

School Year _____

Please state your reasons for applying for a grant-in-aid:

Father or Guardian _____
(Last Name) (First Name) (Middle Initial)

Age _____ Address _____

Telephone (day) _____ Telephone (night) _____

Occupation _____ Employer _____ How Long _____

If unemployed, for how long? _____

Mother or Guardian _____
(Last Name) (First Name) (Middle Initial)

Age _____ Address _____

Telephone (day) _____ Telephone (night) _____

Occupation _____ Employer _____ How Long _____

If unemployed, for how long? _____

Membership at Immanuel? Father _____ Mother _____
 List average monthly income from: Father Mother

Wages/Salary	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Pension Retirement	\$ _____	\$ _____
All Other Sources	\$ _____	\$ _____

Monthly Expenses:

Rent/Mortgage	\$ _____
Food	\$ _____
Child Care (baby-sitters)	\$ _____
Credit Card Payments	\$ _____
Loans (personal)	\$ _____
Utilities (gas, electric, water)	\$ _____
TV Cable	\$ _____
Clothing	\$ _____
Car Payment	\$ _____
Total	\$ _____

How much of the school assessment do you expect to be able to pay each month? \$ _____

Please list the names of all children in your household:

<u>Name</u>	<u>Age</u>	<u>Grade (if in school)</u>
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Additional Comments:

Parent's Signature _____ Date of Application _____
Please note that additional information may be requested.

TO BE COMPLETED BY THE SCHOOL OFFICE

Fees assessed for last school year (____):	\$ _____
Fees paid from last school year (____):	\$ _____
Amount of grant-in-aid given last year (____):	\$ _____
Amount given in offering envelopes during last calendar year (____):	\$ _____
Amount given in offering envelopes to date during present calendar year (____):	\$ _____
Fees assessed for present school year (____):	\$ _____