

**St. John Lutheran School
TUITION SCHOLARSHIP APPLICATION**

Parent's Name(s): _____ Date: _____

Address: _____ City, State, Zip _____

Telephone: _____

Child(ren) to be enrolled at St. John (list names and grades entering):

Dependent Information

How many people are dependent on your monthly earnings? _____

How many in your family are under the age of 16? _____

Employment Information

Mother's Employer & Phone Number: _____

Father's Employer & Phone Number: _____

Step-Parent #1 Employer & Phone Number: _____

Step-Parent #1 Employer & Phone Number: _____

Total monthly earnings (net): \$ _____

(Include ALL family members who provide income, and also include child support received.)

Total monthly investment earnings, and where they are earned. This includes interest earned, rentals received, stocks and bonds: _____

Banking Information

Bank Names and Type of Accounts (checking/savings), as well as approximate balances:

Church Membership

St. John Member _____ Other (Church Name) _____

If other, have you asked your church for assistance: _____

Please list the amount you believe you could pay monthly for tuition: \$ _____.

If parents are divorced/separated, please list the amount the non-custodial parent could pay per month: \$ _____.

(Please complete reverse side.)

Fixed Monthly Payments

| | | |
|-------------------------------|----|--------------|
| House (rent ____ or own ____) | \$ | Financed by: |
| Utilities | \$ | |
| Car Payments | \$ | Financed by: |
| Insurance | \$ | |
| Child Support | \$ | |
| Credit Cards | \$ | |
| Other | \$ | Specify: |

Emergency Payments in the Past 6 Months

| | |
|--|----|
| Doctor/Dentist/Hospital | \$ |
| Car Repair | \$ |
| House Repair | \$ |
| Other, specify (include additional info on back) | \$ |

Other Information

What other special family circumstances should the Board of Christian Education be aware of:

Signatures

I/We declare that the information on this form, to the best of my/our knowledge, is true and complete. I/We authorize St. John Lutheran School to request credit checks, if needed, and/or a copy of the latest federal income tax returns, if needed.

In consideration of receiving tuition assistance, I/we agree to participate in school activities by volunteering my/our time for at least five (5) specific events. Activities include but are not limited to: Teacher Lunch Coverage, Farmers Fair PTL Fish Fry Booth, Lenten Fish Fry Dinner, etc.

Signature(s) of Financially Responsible Parent(s):

Signature #1

Signature #2

Date Completed:

To the Applicant:

Please understand that this application, if approved, will be valid for only one semester. A new application may be needed each semester, subject to the Board of Christian Education's approval. You might also be required to fill out the government form for Free and Reduced-Price Meals. The Board of Education will prayerfully consider all requests for tuition assistance.