

First Lutheran Church & School

1104 N. 4th Street Ponca City, OK 74601
GROW at FIRST



First Lutheran Church
580-762-1111
Principal David Birnbaum
580-762-9950
School Fax 580-762-4243

FINANCIAL AID APPLICATION 2022 – 2023

PLEASE RETURN THIS APPLICATION WITH APPROPRIATE DOCUMENTS (see back)

An Educational Assistance Fund has been established to provide funding for a limited number of financial aid awards.

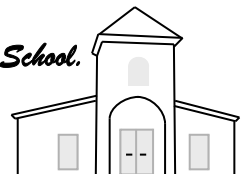
Father's Name: _____ Employer: _____
Mother's Name: _____ Employer: _____
Guardian's Name: _____ Employer: _____
Address: _____ Parent/Guardian contact number: _____

Please supply all information requested below. Information will be kept confidential.

1. Number of children in family: _____
Number of children attending First Lutheran: _____
Number of children in high school: _____
Number of children in college: _____
Total number of people living in household: _____
2. Name and future grades of children that are/will be attending First Lutheran:
Name: _____ Enrolling in Grade: _____
Name: _____ Enrolling in Grade: _____
Name: _____ Enrolling in Grade: _____
Name: _____ Enrolling in Grade: _____
3. Marital status:
Married: _____ Widowed: _____ Separated: _____ Single: _____ Divorced: _____
4. Combined **annual (yearly) income**
Salary: _____
Public Assistance: _____
Unemployment: _____
Child Support: _____
Retirement: _____
Other: _____
TOTAL: _____
Do you expect any changes in these figures during the upcoming school year?
___ Yes ___ No
If yes, please explain:

Growing up, Reaching Out, and Walking together with Jesus at First Lutheran Church & School.

"Seek FIRST the kingdom of God and His righteousness, and all these things will be added to you." Matthew 6:33



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5. Why have you chosen First Lutheran School for your child's education?

6. Please identify any special problems that need to be considered:

7. Attach a copy of your previous year's Federal Income Tax Return. (We do not need all of the attachments, just the first couple of pages down to where you sign.)

* I understand that financial assistance will be awarded based on need and may not exceed 50% of the total tuition for the enrolled term. I hereby state that all information is accurate and make application for Financial Aid for Tuition.

* I also understand that if I fail to keep my financial commitment and fall two months behind with payments, this child/these children may be removed from the FLCS program.

Signature: _____ Print Name: _____ Date: _____

First Lutheran Church and School does not discriminate on the basis of race, color, national origin, or disability in administration of its educational and admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

BOARD USE ONLY

Application approved: Yes: _____ No: _____ Initials: _____

(#3) Marital
Status

(#4)
Estimated
Income

(#1a) Number
in Household

(#1b) Number
at FLS

Total Tuition

Total
Scholarship
Awarded

Total Owed

_____/9 months
Monthly payment / # of months

_____/12 months
Monthly payment / # of months

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