**FINANCIAL AID APPLICATION, PK AND YOUNGER**

**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: |  |

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| --- |
| 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: |  |  | Do you expect any changes in these figures during the upcoming school year? \_\_\_Yes \_\_\_No If yes, please explain: |
|  | Public Assistance: |  |  |
|  | Unemployment: |  |  |
|  | Child Support: |  |  |
|  | Retirement: |  |  |
|  | Other: |  |  |
|  |  **TOTAL**: |  |  |

|  |  |
| --- | --- |
| 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/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 |  |  |  |
| \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_/9 months | \_\_\_\_\_\_\_\_\_/12 months |
| Total Tuition | Total Scholarship Awarded | Total Owed | Monthly payment **/** # of months | Monthly payment **/** # of months |
|  |  |  |  |  |  |  |