

Application No: _____
Date Received: _____



**2020-2021 Application for Financial Assistance
St. James Lutheran School
Shawano, Wisconsin 54166**

Applications will be accepted November 30, 2020 through January 6, 2021. Those applications received after the January deadline will be considered on a case by case basis with no guarantee of a financial award. Complete the application in its entirety, return it along with a copy of the first page of your completed 2019 federal income tax return, a copy of your current pay stubs for a full month and submit to Mr. Kaiser in the school office. **Families who receive financial assistance must sign up for volunteer hours in the school office. This provides families receiving assistance the opportunity to give back to St. James by using their talents in areas such as the library, the lunch room, the office, or on the playground. Volunteers hours are required (from the previous semester) in order to apply for scholarship. Information will go out with the award letters.**

If a question does not apply, write **N/A**. **All information on this application is confidential and will be used only to determine eligibility for financial assistance**, which is based upon need and availability of funds, and is NOT affected by race, gender, or national or ethnic origin. A student must be registered and ALL fees must be paid in full before receiving any financial assistance.

Family Information

1. Marital Status: _____ Single _____ Married _____ Separated/Divorced
2. Father Name: _____ Occupation: _____
Employer: _____ Member of St. James: Yes No
3. Address: _____
City: _____ Zip Code: _____ Phone: _____
4. Mother Name: _____ Occupation: _____
Employer: _____ Member of St. James: Yes No
5. Complete: Same as above, or
Address: _____ City: _____
Zip Code: _____ Phone: _____ Email: _____

Financial Assistance for the following child(ren):

Student Name, Grade, Years Attended at St. James

Other dependents in household (include only people eligible to be claimed as exemptions on a federal income tax return); attach a separate list if necessary: **Name – Age – Relationship**

We affirm that the above information is true and accurate to the best of our knowledge. St. James has our permission to verify any information contained in this application and to use it to determine financial assistance. We agree to furnish the school with corrected information if our salary or other financial considerations change between now and the end of the school year for which this application is being made.

Applicant's Signature

Date

Spouse's Signature

Date

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FAILURE TO FILL OUT THIS FORM IN FULL MAY DELAY OR DISQUALIFY YOUR APPLICATION.

The following questions are asked out of Christian love and will be used only to help evaluate the application. St. James Lutheran School will be asking St. James Lutheran Church for attendance records to verify attendance.

What congregation do you consider home? _____ Phone Number: _____

How long have you attended your home congregation? _____

1. Our family's average church attendance last year at St. James or your home congregation was:
The principal will be calling your home congregation for verification:
Once a month _____ 2-3 times a month _____ every weekend _____
2. Our family supports St. James financially on a consistent basis through our offerings.
 Yes No
3. We faithfully commune at the Lord's Table. Yes No
4. Number of adults in house _____ number of school age children in house _____
Number of non-school age children in house _____
Number of school age children who are attending St. James Lutheran _____

Financial Information (use 2019 tax form – attach copy of first page of form)

5. 2019 Total income (form 1040 line 8b, 1040A line 21, 1040EZ line 4) \$ _____
6. 2019 Other income not included in above (housing allowance, pension, social security, AFDC, child support, worker's compensation, alimony, nontaxable interest, etc.) \$ _____
7. 2019 Family out-of-pocket medical expense (not covered by insurance) \$ _____
8. CURRENT household **monthly** gross wages (including **everyone** in household) \$ _____
Please provide your most current pay stubs for a full month.
9. **Please circle those items below which apply to your financial situation:**
CURRENT household other monthly income (including housing allowance, pension, social security, AFDC, child support, worker's compensation, alimony, nontaxable interest, etc., for **ALL people** in the household) \$ _____
10. Explain any major increases or decreases in income from last year to this year [if there are no major changes state "N/A"]

11. Our family requests the following amount of aid for 2019-2020 school year to be applied to our family balance at St. James Lutheran School. \$ _____

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12. **Special circumstances** – Indicate below any special expenses or circumstances you may have not included in the financial figures given above (i.e., special care for relatives, child support, legal expenses, etc.); list specific situations, including dollar amounts: [If no special circumstances exist, state "N/A"]

13. What changes do you anticipate in any of the above information (income, expenses, etc.) during the coming year: (If no changes are anticipated, state N/A")

14. We applied for Wisconsin Parental Choice Program. _____yes _____no

15. We were _____income eligible _____ in-eligible due to income
_____ not chosen _____ did not meet time deadline

16. If you did not apply, what were the circumstances for not applying?

17. **OFFICE ONLY:**

Number of volunteer hours needed: _____
(previous)

Number of volunteer hours completed: _____
(previous)

*** By submitting this scholarship application, I am aware and understand that I need to complete volunteer hours for each semester of the school year. I also understand that not completing these volunteer hours by the end of each semester may result in the scholarship award being reduced or withdrawn.**