

Grace Lutheran School Tuition Assistance Fund Application 2024-2025

Date _____

Parent(s) or Guardian(s):

Occupation Father/Guardian: _____

Employer: _____

Occupation Mother/Guardian: _____

Employer: _____

Total number of dependent children: _____

Name(s) of child(ren) for whom support is being requested:

Name	Grade	Name	Grade
Name	Grade	Name	Grade
Name	Grade	Name	Grade

In order to process this application, a copy of your most recent Federal 1040 Tax Form must be enclosed.

INCOME STATEMENT (Indicate **Yearly** Amounts)

1) ADJUSTED GROSS INCOME from 2023 IRS 1040, 1040A, or 1040 EZ (include photocopy of tax form)	Father	Mother
	\$ _____	\$ _____
2) OTHER INCOME (Income not included in #1 above, Examples include Social Security Benefits, AFDC, Alimony/Child Support, Other Incomes Sources, Rental Income, Other Investments)	\$ _____	\$ _____
3) TOTAL ESTIMATED INCOME FOR 2024	\$ _____	\$ _____
Combined Total Annual Income	\$ _____	

In the space provided below, you may include any extenuating circumstances or financial hardships of which you would like the financial aid committee to be aware. *(Attach Additional Pages if necessary)*
