

Grace Lutheran School
Tuition Assistance Fund Application 2025-2026

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 2024 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 2025	\$ _____	\$ _____
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)*

STATEMENTS OF AGREEMENTS

- a. The purpose for offering financial aid through tuition rate adjustment is to offer financial support to families with confirmed need. This is to help your children attend Grace Lutheran School to receive a full-time Christian education.
- b. This financial aid is to assist you in your tuition responsibilities and is not meant to remove your obligation.
- c. Each family’s financial situation will be examined individually and confidentially by the Committee, and a determination will be made as to the support paid by the Tuition Assistance Fund and the support paid by the parent(s)/guardian(s).
- d. You must contact the Committee before the end of each semester if changes in your income occur so proper adjustments may be made. Failure to do so may result in withdrawal of financial aid.
- e. Financial Aid forms should be returned to the Committee as soon as possible, and not later than April 30th, 2025. Financial Aid grants will be communicated to each applicant family after the Committee completes review.
- f. Any Financial Aid determined will be administered by the Committee on your behalf.
- g. By my/our signature(s) below, I/We certify that all information provided to the Committee during the application process, including on this Application and through all resulting dialogue, is accurate, complete, and correct as of the date such information is provided.

I/We understand that the purpose of Christian education is to help our child grow in his/her understanding of God’s Word so that he/she may remain strong in the faith and serve God with a life of Christian service. This education takes place in the school, in the church, and in the home. Out of concern for our spiritual welfare, we will strive to worship together as a family.

I have read, understand, and agree with all the above statements.

By (parent/guardian signature)

Printed Name Date

By (parent/guardian signature)

Printed Name Date

Contact Phone Number

Email Address