## Grace Lutheran School Tuition Assistance Fund Application 2022-2023

Parent(s) or Guardian(s):				
Occupation Father/Guardian: _		Employ	er.	
Occupation Mother/Guardian: _				
Total number of dependent chil	dren:			
Name(s) of child(ren) for whom	ı support is being requ	ested:		
Name	Grade	Name		Grade
Name	Grade	Name		Grade
Name	Grade	Name		Grade
In order to process this applica	tion, a copy of your me	ost recent Feder	al 1040 Tax Fo	rm must be enclosed
1	INCOME STATEME	ENT (Indicate Y	early Amounts	)
1) ADJUSTED GROSS INCOME from 2021 IRS 1040, 1040A, or 1040 EZ (include photocopy of tax form)			Father	Mother
			\$	<u> </u>
2) OTHER INCOME (Income include Social Security Be Support, Other Incomes So Investments)	enefits, AFDC, Alimon	ny/Child	\$	\$
3) TOTAL ESTIMATED INCOME FOR 2020			\$	<b></b> \$
	<b>Combined Total Annual Income</b>			
<b>Combined Total Ann</b>	iuai income			

## 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 30 <sup>th</sup>, 2022. 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			
Contact I none Number	Email Address		