Application for Tuition Assistance

Fill out every section of this application completely and legibly. Applications which are incomplete and/or do not include the required documents may not be considered.

Section 1: Financial Eligibility**

**Must include every member of the household who has income regardless of marital status along with all required paperwork submitted listed in Section 4 of the application.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 __________________________ up to __________________________</td>
<td>$36,000</td>
</tr>
<tr>
<td>3 __________________________</td>
<td>$47,000</td>
</tr>
<tr>
<td>4 __________________________</td>
<td>$58,000</td>
</tr>
<tr>
<td>5 __________________________</td>
<td>$68,000</td>
</tr>
<tr>
<td>6 __________________________</td>
<td>$78,000</td>
</tr>
<tr>
<td>7 __________________________</td>
<td>$88,000</td>
</tr>
<tr>
<td>8 __________________________</td>
<td>$98,000</td>
</tr>
</tbody>
</table>

For each additional person in the household above 8 add $11,000.

Section 2: Awarding Grant Funds

Grant funds are awarded by year. In order for your family to be eligible for any grant funds, your prior year fees/tuition must be current. If your family meets the financial eligibility requirements in Section 1, you may be awarded some financial assistance; however, this is not guaranteed. Preference is given to those families who demonstrate a spirit of volunteerism and are active in their support for the school. The amount awarded will depend on the availability of grant funds and the number of families requesting assistance.

*Tuition will never be 100% funded through grant assistance.*
Section 3: Family Information

Names of Parents or legal guardians*:
____________________________________________________________________________________
____________________________________________________________________________________
*Any person whose name appears here must sign this application on page 5.

Address: ____________________________________________________________________________
____________________________________________________________________________________

Total number of family members living in household:

Adults: __________________ Children: __________________

Are you a returning family to Trinity Lutheran School?          Yes   /   No

Are both parents/legal guardians employed?          Yes   /   No

Are you members of Trinity Lutheran Church?          Yes   /   No

Do you receive child support payments?          Yes   /   No

Do you pay child support?          Yes   /   No

Name(s) of student(s) Enrolled:

1. ____________________________________________________________________________
   Last   First   Current Grade

2. ____________________________________________________________________________
   Last   First   Current Grade

3. ____________________________________________________________________________
   Last   First   Current Grade

4. ____________________________________________________________________________
   Last   First   Current Grade

5. ____________________________________________________________________________
   Last   First   Current Grade
Father/Legal Guardian 1:  
Name: ______________________________
_______________________________________
Employer: ______________________________
_______________________________________
Home Congregation: ______________________
_______________________________________

Mother/Legal Guardian 2:
Name: ________________________________
_______________________________________
Employer: ______________________________
_______________________________________
Home Congregation: ______________________
_______________________________________

Please answer the following questions as completely as possible. Do not leave any space blank. Information will be kept strictly confidential. Falsified information is grounds for instant denial of tuition assistance and expulsion from TLS.

1. What is the total amount of tuition owed for the upcoming school year?

$ ______________________

2. What amount of assistance are you requesting?

$ ______________________

3. What is your annual gross income? (Please refer to subsections B & C below if you are a military family)

$ ______________________

A. Whom should I include as members of my household? **Include:** all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses, as well as yourself and all children living with you. **Do not include:** people who live with you who are economically independent (i.e. people whom you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses).

B. If my spouse or I are in the military, do we include our housing allowance as income? If you get an off-base housing allowance, it must be included as income. If your housing is part of the Military Housing Privatization initiative, do not include your housing allowance as income.
C.  **My spouse is deployed to a combat zone. Is his or her combat pay counted as income?** No, if the combat pay is received in addition to basic pay because of your spouse’s deployment and it wasn’t received before deployment, combat pay is not counted as income. Contact the school for more information.

4. Please attach a copy of each of the following documents:
   - Two (2) most recent pay stubs for all household members who are employed
   - Your most recent federal income tax return

5. What other outstanding financial obligations or circumstances do you have or foresee which will affect your ability to pay full tuition? (Write in the space below or attach a separate sheet of paper)

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
Please complete the following table, listing all of your average estimated monthly income and expenses. Use the blank spaces for any additional expenses. All information provided will be kept confidential.

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount</th>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent 1</td>
<td></td>
<td>Rent/Mortgage</td>
<td></td>
</tr>
<tr>
<td>Parent 2</td>
<td></td>
<td>Utilities</td>
<td></td>
</tr>
<tr>
<td>Child support received</td>
<td></td>
<td>Board of Public Utilities</td>
<td></td>
</tr>
<tr>
<td>Disability income</td>
<td></td>
<td>Car payment(s)</td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td></td>
<td>Student loans</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Food</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Car insurance</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Childcare</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Total credit card payments</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TV (Cable, Dish; include Netflix, Amazon Prime, Hulu, Apple TV, etc.)</td>
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<tr>
<td></td>
<td></td>
<td>Gasoline</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child support paid</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other expenses</td>
<td></td>
</tr>
</tbody>
</table>

**Total:**

___________________________________  __________________________________
Signature of Applicant                  Signature of Applicant

___________________________________  __________________________________
Date                                      Date