

APPLICATION FOR STUDENT AID

Hope Lutheran School
6308 Quivira Road
Shawnee, KS 66126

Family Name: _____ Date: _____

Address: _____ Phone: _____

(city) (state) (zip)

Name of student(s) for which application is being made: _____

Party responsible for tuition: _____

Please supply all information requested below. **Information will be kept in strict confidence.**

1. List church membership of :

a. Father: _____

b. Mother: _____

c. Child: _____

2. Number of children in family: _____ Number at Hope: _____

Number in high school: _____ Number in college: _____

3. Names of grades of children in family:

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Relationship of applicant to student: _____

5. Father's Employer: _____ Mother's Employer: _____

Do you own your own company or have a partnership? _____

What is your current family income:	Monthly	Annual
Salary (gross):	_____	_____
Salary (net):	_____	_____
Investment Income:	_____	_____
Social Security:	_____	_____
Public Assistance:	_____	_____
Unemployment:	_____	_____
Child Support:	_____	_____
Other:	_____	_____
Total Net Income:	_____	_____

7. Fixed monthly expenses:
 House (rent or mortgage): _____ Car Payment(s): _____
 Day Care: _____ Child Support: _____ Alimony: _____
 Insurance: Medical: _____ Home: _____ Car: _____
 Other: _____
 Yearly property taxes: Home: _____ Car: _____
8. Total tuition due this year (per mont): _____
9. Amount of tuition you can pay per month: _____
10. Amount of assistance requested: _____
11. Why is tuition assistance being requested (special circumstances) and for how long?

12. Why do you wish your child(ren) to be enrolled at Hope Lutheran?

13. Please attach a copy of your last Federal Income Tax return and all schedules.

To the Applicant:

Please understand that this application, if approved will be valid only for the school year _____. A new application must be made each year, subject to the Board of Education's approval. Our desire is to help as many families as possible, but because of the greater need for assistance than funds available we ask that you sincerely and seriously complete this form and should any major financial change occur during the school year please notify the principal. An interview or home visit may be required before this application is approved.

The Board asks for your prayers as they decide on all applications, that they may make God pleasing decisions. May God bless you richly with His good grace and love.

Signature of applicant: _____

For Committee Use Only

Application approved: yes _____ no _____ Date: _____
 Amount of aid granted: \$ _____ Committee Chairman: _____