



## Scholarship Application

Applicant Family: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

School Year: \_\_\_\_\_

### Demonstration of Financial Need

#### Financial Aid Formula, Guidelines, and Worksheet

Procedure:

1. Applicant completes application form and submits to the principal.
2. A copy of the most recent IRS form 1040 is attached. Nontaxable child support payments must also be disclosed as available income for the need formula.
3. Worksheet is completed, up to Calculated Award using Grant Chart and application form.
4. The School Board, with the advisement of the principal, will make the student aid decisions and complete the worksheet.
5. The principal will meet with each family outlining aid to be extended and the family's responsibilities.
6. Extended and/or accepted tuition assistance will be documented with a letter to applicant.

Formula:

1. Determine adjusted gross income from IRS Form 1040.
2. Subtract net tax liability from IRS Form 1040.
3. Subtract dollar amount for family size offset using table (based on Federal Free Milk program).
4. Divide income number in step three by total tuition for child(ren) enrolled. This number becomes the Student Aid Index number.
5. Determine calculated tuition award by multiplying factor from Student Aid Index chart.

## **Statement of Willingness to Partner with Faith Lutheran School in the Entire Education Process**

I/We understand that, as a condition of receiving tuition assistance, I/We will partner with the school in the education of my child(ren). This partnership will be demonstrated by, but not limited to:

- Understanding and supporting the religious nature of the school.
- Supporting the school in word and deed with positive communication and marketing of the school.
- Being actively involved in the life of the school, attending school functions, and volunteering whenever possible.

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Signature

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Date

## **Statement of Ability to Pay Unsubsidized Portion of Tuition and Fees**

I/We understand that as a condition of receiving tuition assistance, I/We must have the ability to pay the unsubsidized portion of our tuition and fee commitment. To the best of our knowledge, I/We will be able to timely pay all monthly amounts due. I/We understand that if we are not able to make timely monthly payments, and have not immediately contacted the principal with a reason and/or plan of action, the tuition assistance portion of our contract will be withdrawn.

Also, by signing below, I/We hereby voluntarily authorize Faith Lutheran Church and School to obtain any information required, including consumer reports, concerning the financial aid application and statement of ability to pay herein. I/We authorize without reservation, any person or entity contacted by Faith Lutheran Church and School, or anyone acting on its behalf to furnish a credit report. I/We hereby affirm the information herein given is true and correct.

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Signature

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Date

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Print Name

Expected tuition for school year \_\_\_\_\_ Annual \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Amount you can afford Annual \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Amount of assistance requested Annual \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Please list your current monthly expenses:

Mortgage/rent \$ \_\_\_\_\_

Credit cards \$ \_\_\_\_\_

Additional loans-car, personal, etc. \$ \_\_\_\_\_

Child support \$ \_\_\_\_\_

Additional information you feel important for consideration:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

- 1) Please attach a copy of your most recent IRS Form 1040.
- 2) Please read and sign *Willingness to Partner* form.
- 3) Please read and sign *Statement of Ability to Pay Unsubsidized Portion of Tuition and Fees*.

# Application for Financial Assistance

School Year \_\_\_\_\_

	Name(s) of Student(s):	Grade
1.	_____	_____
2.	_____	_____
3.	_____	_____

## Family Information

	Father/Spouse	Mother/Spouse
Name	_____	_____
Occupation	_____	_____
Employer	_____	_____
Gross Income	_____	_____
School Year	_____	_____
Estimate Gross	_____	_____
Income Year	_____	_____
Child Support Alimony Income	_____	_____
Church Membership	_____	_____

## Other Dependent Children in the Family

Name	Age
_____	_____
_____	_____
_____	_____