

# Application for Financial Aid

## St. Paul's Lutheran School

St. Paul's Lutheran Church and School is committed to the principle that no child be denied a Christian education based on financial grounds. Taking into consideration your blessings from God, please evaluate your family's financial picture before using this form.

Name of student(s) \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

Financially Responsible Parent

Other Parent

Check one:  Father  Mother  
 Stepfather  Stepmother  
 Other: \_\_\_\_\_

Check one:  Father  Mother  
 Stepfather  Stepmother  
 Other: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Employed By: \_\_\_\_\_

Employed By: \_\_\_\_\_

Church Membership \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Please state why you wish to have your child(ren) attend St. Paul's Lutheran School, provide your reason for applying for financial aid, and amount needed. Please use a separate sheet of paper for your response. Attach a completed Free and Reduced Lunch Application and any information you feel helps explain your situation.

Financial aid will be based upon the desire and commitment for Christian education, financial eligibility and financial resources available to the school.

I have read and understand the Admissions Policy and verify that the enclosed information is as accurate and honest as possible.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_