

SCHOLARSHIP AND FEE REDUCTION APPLICATION

(Kindly complete the application and attach the report card, for each child, from last year. Also attach any awards or achievements earned by the student.)

DATE:

PARENT NAME:

PARENT MOBILE:

Number of dependent children who will attend a tuition charging school: daycare, Pre-K, elementary school, secondary school, or college in the fall of 2023.

	Dependent Last Name	Dependent First Name	Age	Grade in the Fall 2023	Applying for Aid Yes/No	Amount I/We can pay toward the tuition	Tuition charged yearly per student	Office Use only
1								
2								
3								
4								
5								

Parent Asset Information

Current value of cash, checking, savings	\$ _____
Family Residence	Owned Rented Monthly Payment \$ _____
Monthly Income	Single \$ _____ or Duel \$ _____

Unusual Circumstances

Loss of job	Death in the family	Recent separation/divorce	Change in family living status
Change in work status	High debt	Income reductionon	Medical/Dental expenses
Illness or injury	other _____	other _____	other _____

SIGN HERE

I/we declare that the information on this form is true, correct, and complete to the best of our knowledge. We understand that sharing any aid we receive with other families will not only jeopardize future financial assistance for others, but for us as well. I/we authorize Grace Lutheran School to use such forms ONLY in determining Financial Aid.

Parent/Guardian A:	
Date:	
Parent/ Guardian B:	
Date:	