

## **TUITION ASSISTANCE**

The Board of Education is aware that for some families the payment of tuition may cause a financial hardship. Therefore, a tuition assistance program has been developed under the direction of the Financial Aid Committee to aid in tuition cost for children entering grades K-8.

Forms required:

- 2025 Tuition Assistance Application
- Parents' 2024 Federal Income Tax Return (pgs. 1 & 2)
- Student's 2024 Federal Income Tax Return (if any)

This application is to be RETURNED TO THE OFFICE BY APRIL 15, 2025. Applications will be reviewed by the Tuition Assistance Committee. Review for aid is conducted in a confidential manner by the Tuition Assistance Committee.

\*The committee will not review the financial aid application until a signed copy of both sides of the parents' 2024 and/or the student's 2024 Federal Income Tax returns are received.

**ST. JOHN LUTHERAN CHURCH AND SCHOOL  
TUITION ASSISTANCE FOR THE SCHOOL YEAR 2024-2025**

APPLICATION DUE  
TO THE OFFICE  
NO LATER THAN  
**APRIL 15, 2025.**

**NAMES OF STUDENTS ATTENDING ST. JOHN**

1. \_\_\_\_\_  
Last First Grade (25-26) Tuition

2. \_\_\_\_\_  
Last First Grade (25-26) Tuition

3. \_\_\_\_\_  
Last First Grade (25-26) Tuition

**OTHER DEPENDENT CHILDREN IN FAMILY**

NAME \_\_\_\_\_ GRADE (25-26) \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE (25-26) \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE (25-26) \_\_\_\_\_ AGE \_\_\_\_\_

**PARENTS**

Home Congregation: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**INCOME**

Gross Income

2024 Per 2098 Form 1040: \$ \_\_\_\_\_ (Attach 2024 Income Tax Return)

Estimated

2025 Gross Income: \$ \_\_\_\_\_

In considering application for this grant, plan your costs for all purposes at home. PLEASE FILL IN **ALL** QUESTIONS.

1. State the amount of tuition you feel you can pay during the year: \$ \_\_\_\_\_
2. State the amount of aid received by outside sources. (Other Church, Foundation, Grants, Bison Fund) \$ \_\_\_\_\_
3. State the amount of aid you are requesting: \$ \_\_\_\_\_

Please give additional information which you feel will assist us in our consideration of your need for Student Aid and attach to this form:

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_