



P.O. Box H
4th & Sycamore
Lockwood, MO 65682
Lutheran Church-Missouri Synod

**APPLICATION FOR FINANCIAL ASSISTANCE
KINDERGARTEN THROUGH 8TH GRADE
FOR IMMANUEL LUTHERAN SCHOOL TUITION**

Please complete this application and return it to the school office. All information on this application is intended to remain confidential and is to be used to determine financial assistance. Financial assistance is based upon need and the availability of funds and is not affected by race, gender, or national or ethnic origin. The information on page one will be used by the school office and will not be shared with other groups or individuals. Page two will be used by the Endowment Committee in determining the amount of assistance granted.

FAMILY INFORMATION

1. Name of adult applicant: _____

2. Home address: _____

City _____ Phone number _____

3. Name(s) of children enrolled in Immanuel Lutheran School who you are financially responsible for their school tuition:

_____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

4. Employment

_____ Employer _____
Name Father/Guardian

_____ Employer _____
Name Mother/Guardian

We/I affirm that the information furnished on this application is correct to the best of our/my knowledge. We/I understand that Immanuel may ask for a copy of our/my latest federal income tax return to verify this information. We/I agree to notify the school officials if our/my salary or other financial considerations change between now and the end of the school year for which this application is being made.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

Family ID 2024-2025: _____ (To be filled out by school official.)
Family ID 2024-2025: _____ (To be filled out by school official.)

Financial Information (use 2023 tax form)

1. 2023 Total Family Income (form 1040 line 22, 1040A line 15, 1040EZ line 4) \$ _____
2. 2023 Other Income not included in above (housing allowance, pension, social security, AFDC, child support, workman's comp, alimony, taxable & nontaxable interest, etc.) \$ _____
3. CURRENT household **monthly** gross wages (all family members) \$ _____
4. CURRENT household other **monthly** income (housing allowance, pension, social security, AFDC, child support, workman's comp, alimony, taxable & nontaxable interest, etc.) \$ _____
5. Total monthly income for all members from all sources \$ _____

Because of certain endowments wishes, we must ask the following question:

Are you a member of Immanuel Lutheran Church, Lockwood? _____
If so, do you attend church regularly? _____

If your child was a student last year, did you complete the required volunteer hours? _____

If able, would you be willing to pay \$25 toward your child's education? _____

Reason financial help is necessary:

Indicate below any special circumstances that the School Board needs to take into consideration in determining possible financial assistance for your family: (Use the backside of this form if necessary)

WE/I FEEL WE WILL BE ABLE TO CONTRIBUTE A TOTAL OF \$ _____ IN TUITION PLUS THE \$500 REGISTRATION FEE FOR EACH CHILD WE HAVE ENROLLED AT IMMANUEL.

For School Use

Amount of financial assistance approved by the Scholarship Committee \$ _____

Date _____