St. Paul Lutheran School Affordable Tuition Program Application / 2024-2025 School Year

Information requested on this form is for the exclusive use of St. Paul Lutheran tuition and fees committee. It will be kept strictly confidential. *You must be a member of St. Paul Lutheran Church to be considered for tuition assistance*. Applications will not be considered unless all the questions are completely answered on the form. A copy of your 2023 tax return should be submitted by May 31.

Child (ren)	Next Year Grade Level (K-8 only)		Tuition
Parent (1)	Phone	e-mail address	
Home Address			
Parent (2)	Phone	e-mail address	
Home Address			
Income:			
Father's/Stepfather's Occupation			
Monthly Gross Salary		\$	
Additional income (monthly)		\$	
Mother's/Stepmother's Occupation	n		
Monthly Gross Salary		\$	
Additional income (monthly)		\$	
Total Monthly Income		\$	
Please describe any situations or su your tuition payment.	ubstantial financial ch	anges that you would like the commi	ittee to consider regarding
(attach additional information on a sep	parate sheet if needed)		
WHAT CAN YOU OFFER: A your child(ren) to attend St. Pau	l Lutheran School?	rayerful consideration, what are you	
Parent's Statement			
I declare, under penalty or perjuto make any inquiries in order to	•	g information is true and correct, tion.	and I authorize the school

Parent Signature

Parent Signature

Date