

St. Paul Lutheran School
Affordable Tuition Program Application / 2026-2027 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 2025 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 _____

Monthly Gross Salary \$ _____

Additional income (monthly) \$ _____

Total Monthly Income \$ _____

Please describe any situations or substantial financial changes that you would like the committee to consider regarding your tuition payment.

(attach additional information on a separate sheet if needed)

WHAT CAN YOU OFFER: According to your prayerful consideration, what are you able to pay annually for your child(ren) to attend St. Paul Lutheran School?

(annual dollar figure) _____

Parent's Statement

I declare, under penalty or perjury, that the foregoing information is true and correct, and I authorize the school to make any inquiries in order to verify the information.

Parent Signature

Parent Signature

Date