

Deadline: June 1

St. Martin's Lutheran School

GRANT-AID APPLICATION FOR TUITION ASSISTANCE K-8

Parents' Names: _____

Address: _____ City _____ State _____ Zip _____

Church Home: _____

Communion Attendance: Regular _____ Occasionally _____ Seldom _____

Church Attendance: Regular _____ Occasionally _____ Seldom _____

Yearly church contribution: _____

Amount of tuition paid last year (if any). _____

Father's Occupation: _____ Mother's Occupation: _____

Own Home _____ Rent Home _____ Monthly payment: _____

Names of All Children In Household	Date of Birth	Social Security Number	Grade PS-8
1.			
2.			
3.			
4.			
5.			
6.			

Names of All Adults In Household	Date of Birth	Social Security Number	Annual Wages and Salaries Before Taxes	Other Income/ Yr.
1.				
2.				
3.				
4.				

Note: You may be asked to verify any income listed by providing appropriate documentation.

The awarding of aid carries with it the expectation that you and your children will attend church and Sunday School regularly; that you will contribute to the support of God's kingdom through time, talent and treasure; and that you will actively support the ministry of St. Martin's Lutheran School by being involved in your child(ren)'s school life.

I certify that this information is true and correct.

Signature _____ Date _____