

**Trinity Lutheran School
Tuition Aid Application Form
2018-2019 School Year**

HEAD(S) OF HOUSEHOLD _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ CELL PHONE _____

STUDENTS ENROLLED AT TRINITY LUTHERAN SCHOOL	
Name: _____	Grade: _____
_____	_____
_____	_____
_____	_____

OTHER DEPENDENT CHILDREN LIVING AT HOME	
Name: _____	Age: _____
_____	_____
_____	_____
_____	_____

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- Employed Full-Time
- Employed Part-Time
- Self-employed
- Unemployed

- Full-time homemaker
- Permanently Disabled
- Temporarily Disabled
- Full-Time Student

TOTAL AMOUNT OF TUITION DUE FOR THE SCHOOL YEAR: \$ _____

DO YOU FEEL YOU CAN AFFORD THIS? YES _____ NO _____

AMOUNT OF TUITION YOU FEEL YOU CAN PAY \$ _____

Please state the special problems which identify your needs:

Turn Over

Do you expect a change in the near future or during the 2018-2019 school year?

yes _____ no _____

If yes, please explain

Families, parent (s) and children will be required to attend church 50% of the divine services offered each month to maintain their eligibility on T.A.P. Along with the church attendance, parents will attend Bible Class and the Child(ren) will attend Sunday School, as part of their commitment, in receiving assistance. If the requirement is not met, then the full month of tuition will be expected to be paid.

I understand that priority is given to those with greatest financial need. I agree, if necessary to provide additional information, (i.e. tax forms) to support statements on this form.

SIGNATURE _____ DATE _____

To be turned in, the first day of school.