

**Trinity Lutheran School  
Tuition Assistance Application Form  
20\_\_-20\_\_ School Year**

Head(s) of Household: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Students enrolled at Trinity: Name and Grade: _____ _____ _____ _____
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Other Dependent Children living at home: Name: _____ Age: _____ _____ _____ _____
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- Employment status:
- |                      |                      |
|----------------------|----------------------|
| Employed Full-Time   | Employed Part-Time   |
| Self-Employed        | Unemployed           |
| Full-Time Homemaker  | Full-Time Student    |
| Permanently Disabled | Temporarily Disabled |

Total amount of tuition due for this school year: \$\_\_\_\_\_

Amount of tuition you feel you can pay \$\_\_\_\_\_ per year or per month

Please state the special problems which identify your needs:

\_\_\_\_\_

\_\_\_\_\_

Families-including parents 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 church attendance, parents will attend Bible Study and children 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, to support statements on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_