

ZION LUTHERAN-HILLSBORO GRANT-IN-AID APPLICATION

Submission Deadline: August 1st

Directions: Please complete all information as completely as possible, using additional blank pages as needed. Return forms to the Pastor or the Board of Christian Education Chair by the deadline noted above for consideration of tuition assistance for the coming school year. A decision will be made and applicants will be notified of tuition assistance no later than August 15th.

Date of application: _____ \$ _____
Amount Approved

STUDENT INFORMATION

First Middle Last Gender Date of Birth

Address City State Zip (_____) _____
Phone
Grade Entering: _____ Baptized Member of Zion since: _____

PARENT INFORMATION

Mother's name Communicant member
of Zion since: _____ (_____) _____
Work Phone

Occupation Employer \$ _____
Annual Income

Father's name Communicant member
of Zion since: _____ (_____) _____
Work Phone

Occupation Employer \$ _____
Annual Income

Address if different from student (_____) _____
Home Phone

INCOME/EXPENSE INFORMATION

\$ _____ **Adjusted Gross Income** as reported on _____ Federal Income Tax Form

Annual Expenses for the following:

\$ _____ Housing (payments/insurance/upkeep/utilities)

\$ _____ Transportation Costs (payments/fuel/insurance/upkeep)

\$ _____ Personal Items (food/clothing)

\$ _____ Future Needs (health/disability/retirement)

\$ _____ Support Structures (charity/child care/child support payments)

FINANCIAL NEED DISCLOSURE:

Cost of Tuition for academic school year requested: _____

Financial Assistance received last year: _____

Statement of need: The formula for awarding grants is based on the total household income (wages, child support, alimony, government assistance) and total number of individuals in the home.

In the space provided below, please state your need in **detail** reflecting your:

- Total household income
- Total size of your family
- Number of children currently attending school
- Extenuating financial circumstances that should be taken into consideration such as unexpected medical concerns
- What monetary resources you feel you can contribute to your child's education at this time

Parent/Guardian Signature

Parent/Guardian Signature

[A separate application needs to be completed for each student]