



Application for Financial Assistance
Elm Grove Evangelical Lutheran Church and School

Date: _____

Father's Name _____ Church Membership _____

Work Phone: _____ Cell Phone: _____

Mother's Name _____ Church Membership _____

Work Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: _____

Please list the names and ages of all of your children:

Four horizontal lines for listing children's names and ages.

Father's Employer _____

Mother's Employer _____

Previous Year's Income: \$ _____ (Must be verified with a copy of your tax return.)

Current monthly income: \$ _____ Monthly household expenses: \$ _____

Medical expenses \$ _____

Other monthly payments for which you are responsible:

Two horizontal lines for listing other monthly payments.

What amount of the tuition and fees are you able to pay? _____

Are there extraordinary expenses or circumstances that should be considered with this request? (i.e. loss of job, accident, etc.) _____

Two horizontal lines for providing details on extraordinary expenses.

Good stewardship includes time, talent and treasures. In what ways would you be willing to contribute to God's kingdom with your time and talents?

Two horizontal lines for describing contributions to God's kingdom.

Signature of parent(s) or legal guardians: _____ Date: _____

_____ Date: _____

* Applicants must also submit a signed photocopy of their most recent Federal Income Tax Statement(s) along with this application

\$ _____ amount of financial aid granted

Administrator's Signature: _____ Date: _____