



Lord of Life Lutheran School Application for Tuition Assistance

12021 Northaven Circle, Thornton, CO 80241 303-457-2408

Josh Glowicki, Principal

Dear Parent,

Our God offers a clear directive to parents in Ephesians 6:4 to raise their children “in the training and instruction of the Lord.” Because Lord of Life Lutheran Church recognizes the importance of God’s instructions to parents, the congregation created our school to assist parents with His command. The congregation also recognizes that at times, God allows hardships, including financial difficulties, to impact the lives of Christians. The Board of Education is committed to providing aid to such families so that financial difficulties do not prevent a child from receiving a Christian education.

Financial assistance is provided from the Board of Education through the congregation’s tuition assistance fund. Since funds are limited, applicants are encouraged to apply well in advance of the start of the school year and, considering that others may also be in need of assistance, to prayerfully consider their family’s actual financial need as they fill out this application. The Board of Education will collect and review all requests for tuition assistance and award monies based on need and availability of funds.

In order to be eligible for consideration for tuition assistance for the 2018-2019 school year, please be sure to submit your application to the school no later than **May 15, 2018**. Though the Board of Education will make every effort to provide assistance in emergency situations, applications are considered and assistance awarded on a first-come, first serve basis. Because there are limited funds available, tuition assistance requests received after May 15, 2018 may receive limited or no financial assistance for the 2018-2019 school year.

The Board of Education will keep all information on this application in strictest confidence, and will respond by **June 30** to applications submitted by the May deadline. This will allow parents sufficient time to make other arrangements if the Board is unable to provide the full amount of assistance requested. Failure to complete the entire application form will result in a rejected application.

In Christ,

Board of Education
Lord of Life Lutheran School

**Lord of Life Lutheran School
Application for Tuition Assistance**

Student Information

Name: _____

Age: _____ Grade: _____

Student Educational History

Previous Schools

Grades Attended

Sibling Information

Please list any brothers or sisters attending Lord of Life or other schools:

Name: _____ School Attending: _____

Name: _____ School Attending: _____

Name: _____ School Attending: _____

Name: _____ School Attending: _____

Parent/Guardian Information

Name: _____ Name: _____

Relationship to Student: _____ Relationship to Student: _____

Church Membership: _____ Church Membership: _____

Employment

Parent 1: _____
Employer Address Telephone

Length of Employment City/State/Zip

Parent 2: _____
Employer Address Telephone

Length of Employment City/State/Zip

Income and Expense

*Feel free to use the attached worksheet to calculate your annual income and monthly expenditures.
(You do NOT need to submit the worksheet with the application.)*

Annual Income: \$ _____

Monthly Expenses: \$ _____

Tuition Assistance

Please refer to the Tuition Information sheet attached:

Total cost of 2018-2019 tuition for your child: \$ _____

2018-2019 Parental tuition commitment \$ _____

Amount of tuition assistance requested: \$ _____

Special Circumstances

Please describe any specific financial difficulties or circumstances which make tuition payments unaffordable for you and your family:

Commitment to Christian Education

Please convey your commitment to a Christian education for your child/ren.

Conditions

In order to receive continued assistance from the Board of Education, families must remain current on their portion of tuition payments. Students must also remain in good standing with regard to discipline and academics. In the event that your family's financial situation improves, please notify the Board of Education as soon as possible to reduce or discontinue assistance so that tuition assistance funds can be made available to other families.

Affadavit

I (we) certify that, to the best of my knowledge, the information contained in this application is true and correct, and accurately reflects my (our) family's financial situation.

Applicant: _____ **Date:** _____

Applicant: _____ **Date:** _____

INCOME AND EXPENSE WORKSHEET

List all sources of income for BOTH parents:

Salary/wages (use net pay)	\$_____	1
Investment income	\$_____	2
Alimony/Child Support	\$_____	3
Public Assistance	\$_____	4

TOTAL ANNUAL INCOME FOR BOTH PARENTS (Total Lines 1-4) \$_____ 5

Please list all average monthly expenditures for parents. Describe any extraordinary expenses on the application under "Special Circumstances."

Contributions to Church:	\$_____	6
Monthly Rent/Mortgage:	\$_____	7
Monthly Food Cost:	\$_____	8
Utilities (electric, gas, water, TV):	\$_____	9
Transportation (auto payment, gas, insurance):	\$_____	10
Medical (doctor, dental, hospital, prescriptions):	\$_____	11
Insurance (home, medical, life):	\$_____	12
Credit Cards:	\$_____	13
Loans:	\$_____	14
Taxes (income, property):	\$_____	15
Child Care:	\$_____	16
Other (_____):	\$_____	17

TOTAL MONTHLY EXPENSES (Total Lines 6-17) \$_____ 18