



**APPLICATION FOR FINANCIAL ASSISTANCE**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Names and grade levels of children enrolled at Carroll Lutheran School:

_____	_____
_____	_____
_____	_____
_____	_____

Number of years at CLS: \_\_\_\_\_ Number of people in family: \_\_\_\_\_

List other children ages, schools (Day Care, pre-school, etc.)

_____	_____
_____	_____
_____	_____

Reason(s) for Financial Assistance Request:

_____
_____
_____
_____
_____
_____
_____

When is the best time for the Committee to contact you concerning your request?

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**Please attach copies of all applicable (most recent) income tax returns.**

**Applicable Income:** Please use the following space to describe your annual and monthly income.

	<u>Monthly</u>	<u>Annual</u>
A. Salaries and Commissions: (please attach copy of most recent pay stub)	_____	_____
B. Social Security:	_____	_____
C. Unemployment/Disability:	_____	_____
D. Child Support:	_____	_____
E. Pension/Retirement:	_____	_____
F. Other (Please list): _____ _____ _____	_____ _____ _____	_____ _____ _____
<b>Total:</b>	_____	_____

Do you expect any changes in this income in the near future? ( ) Yes ( ) No

(If "yes", please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is anyone currently helping you pay tuition? ( ) Yes ( ) No

(If "yes", please tell total dollar amount per school year) \_\_\_\_\_

The above information is complete.

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

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

Committee Approved: ( ) Yes ( ) No Amount: \_\_\_\_\_ Date: \_\_\_\_\_