

## St. Paul Lutheran School GranTparent Application K-8 Grade

St. Paul Lutheran School admits students of any race, color or national ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school-administered programs.

Student Last Name	Student First Name	Grade

### Family Information

Father/Guardian Name:	
Address:	Phone:
Occupation:	Phone:
Employer:	Yearly Gross Income:

Mother/Guardian Name:	
Address:	Phone:
Occupation:	Phone:
Employer:	Yearly Gross Income:

Family Gross Income, all sources including child support/alimony \$ \_\_\_\_\_

Do you qualify for state assistance (please check): No [ ] Yes [ ] Annual Amount \$ \_\_\_\_\_

Schools attended within the last two years: \_\_\_\_\_

### Financial Information:

Please list all Monthly Income:

Wages: \_\_\_\_\_

Alimony: \_\_\_\_\_

Child Support \_\_\_\_\_

Other: \_\_\_\_\_

Total: \_\_\_\_\_

Please list all Monthly Expenses:

Mortgage: \_\_\_\_\_

Auto etc.: \_\_\_\_\_

Lights, heat, air: \_\_\_\_\_

Land line/cell: \_\_\_\_\_

Insurances: \_\_\_\_\_

Student Loans: \_\_\_\_\_

Medical: \_\_\_\_\_

Total: \_\_\_\_\_

Please attach your most recent income tax return in order to assist St. Paul Lutheran School in determining your eligibility for financial aid; **if tax return doesn't accompany application, it will void the application.** All information will be kept confidential. GranTparent monies **CAN NOT** be applied to previous balances. Applications need to be returned to the school office by Friday, April 29<sup>th</sup>.

I DECLARE THAT THE INFORMATION ON THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

FATHER/GURADIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

MOTHER/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_