

**ST. JOHN SOUTH EUCLID LUTHERAN SCHOOL
FINANCIAL AID APPLICATION
PARENT'S CONFIDENTIAL STATEMENT**

Information and Guidelines

1. This form is to be completed and submitted with a copy of your latest **IRS Income Tax Return**

Return to: Gregory Kita, Principal
St. John Lutheran School
4386 Mayfield Road
South Euclid, OH 44121

2. Filing Deadline: All applications for financial aid will be handled as they are received. The School Board will review applications and families will be notified by mail of the financial aid award. Late, incomplete applications, or those not accompanied by the tax return will not be considered. Please note that tax returns do not need to include social security numbers-these may be removed.

3. All information is confidential and will be reviewed exclusively by the School Board.

4. The School Board will not discriminate on the basis of race, color, national origin or ethnic background.

5. Grants will be made on the basis of need.

6. Tuition Assistance is given for one year only. Subsequent applications must be filed yearly.

Student Name(s): _____

Grade(s): _____

Father's Name: _____ Mother's Name: _____

Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Number: _____

Church Affiliation: _____

Pastor's Name: _____ Church Phone Number: _____

List all information for each dependent child.

<u>Name</u>	<u>Age</u>	<u>School</u>	<u>Tuition</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use this space to explain any unusual circumstances that the committee should be aware of when determining financial aid eligibility.

Please give a brief explanation as to why you would like to have your child(ren) receive a Christian education from St. John Lutheran School.

How much financial aid are you requesting? _____

(Father's/Guardian's Signature)

(Mother's/Guardian's Signature)