

# Lutheran High School of Kansas City

12411 Wornall Rd, Kansas City, MO 64145

## Confidential Application for Financial Assistance

**The Grant-In-Aid Program** of Lutheran High School of Kansas City is designed to provide some assistance for people who wish to attend Lutheran High School and who have financial need. The grant, when issued, is applied to tuition correlating to the family's payment schedule.

The Grant-In-Aid Program is open by application to all students who have enrolled at Lutheran High School of Kansas City. Families who receive financial aid are required to assist the school 5 hours for every \$100 of assistance.

Application must be received by May 15 with responses released by June 15. The awarding of grants is carried out by the Finance Committee.

Parents must complete an application each year that aid is desired. Financial assistance is awarded on the basis of need, so each application includes financial information to be completed by the parents. **Attached to the application must be a copy of the previous year's 1040 Federal Tax Return. Failure to submit a copy of the 1040 Federal Tax Return voids the application.**

Please type or use only blue or black ink.

Student's Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_  
last first initial

Name of Father/Legal Guardian \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Employer \_\_\_\_\_ Length of time employed \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Mother/Legal Guardian \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Employer \_\_\_\_\_ Length of time employed \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

School your child(ren) attended last year \_\_\_\_\_  
Name

Address \_\_\_\_\_  
Street City/State Zip

(Over)

Number of Dependents for which responsible \_\_\_\_\_

Annual income – Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_

Other income not reported on 1040 - \$ \_\_\_\_\_

Please list the following annual expenses:

Home Rental or House Payment (include PITI) \$ \_\_\_\_\_

Vehicles (lease or payment – do not include insurance, fuel, or maintenance) \$ \_\_\_\_\_

Alimony or child support \$ \_\_\_\_\_

Tuition paid to other schools for other family members \$ \_\_\_\_\_

Other Expenses (large medical, etc.) \$ \_\_\_\_\_

Amount of Aid for which applied \$ \_\_\_\_\_

Please describe any extenuating circumstances that would be helpful to the Finance Committee when considering tuition credit. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and correct.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

Today's Date \_\_\_\_\_

-----For Office Use Only-----

Date Awarded \_\_\_\_\_

Amount Awarded \$ \_\_\_\_\_