



# The Lutheran High School of Kansas City

## Confidential Application for Financial Assistance

The Financial Aid Program of Lutheran High School of Kansas City is designed to provide aid for people who wish to attend Lutheran High School and who have financial need. The aid, when issued, is applied to tuition correlating to the family's payment schedule.

The Financial 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 1 hour for every \$50 of assistance. Most common ways to complete these hours are at home sporting events.

Application must be received by May 1st with responses released by June 15. The awarding of aid is carried out by the Finance Committee.

Parents must complete an application each year that aid is desired. Financial Aid 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.

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

Income Information (please remember to also attach a copy of the previous year's 1040 Federal Tax Return).

Husband's Annual Income \$ \_\_\_\_\_

Wife's Annual Income \$ \_\_\_\_\_

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

Expenses Information

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

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 (i.e large medical. Specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Please describe any extenuating circumstances that would be helpful to the Finance Committee when considering financial aid. Please also include the amount requesting. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is true and correct.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Mother/Guardian Signature

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

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

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

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