



SCHOLARSHIP APPLICATION – DUE MARCH 31ST

For needs-based tuition assistance

For School Year: 2023-2024

Parent(s)/Guardian(s) Information:			
First Name _____	Last Name _____	Trinity Ev. Lutheran Church Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name _____	Last Name _____	Trinity Ev. Lutheran Church Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Information:			
First Name _____	Last Name _____	Grade _____	
First Name _____	Last Name _____	Grade _____	
First Name _____	Last Name _____	Grade _____	
Tuition Assistance Requested:			
<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> Other (specify) \$ _____
		Household adjusted gross income (AGI) from most recent federal tax return:	\$ _____ Year: _____
<i>Please be prepared to provide a copy of tax form upon request.</i>			
Please provide a brief summary of why you are requesting tuition assistance.			
Parent/Guardian Applicant:			
Printed Name: _____		Phone No.: _____	
Signature: _____		Date: _____	

Please return completed form in a sealed envelope addressed to TLS Board of Education and give to the TLS secretary.

For office use only:
Balance due: _____ Paid to date: _____