



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
WI or MI residents? _____	If No, home church? _____		
Student Information:			
First Name _____	Last Name _____	Grade _____	
First Name _____	Last Name _____	Grade _____	
First Name _____	Last Name _____	Grade _____	
# of school-age children _____			
Tuition Assistance Requested:			
<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> Other (specify) _____		*Any applicant that does not fill out the AGI may not be accepted. *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 school secretary.