



**Trinity Ev. Lutheran**  
Church & School

**SCHOLARSHIP APPLICATION – DUE SEPT. 19<sup>TH</sup>**

For needs-based tuition assistance

**For School Year: 2025-2026**

**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:**

**\*Any applicant that does not fill out the AGI may not be accepted.**

<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 school secretary.**