



Trinity Ev. Lutheran

Church & School

SCHOLARSHIP APPLICATION – DUE SEPT. 19TH

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
First Name	Last Name	Trinity Ev. Lutheran Church Member?	<input type="checkbox"/> Yes
WI or MI residents?		If No, home church?	<input type="checkbox"/> No

Student Information:

First Name	Last Name	Grade
First Name	Last Name	Grade
First Name # of school-age children	Last Name	Grade

Tuition Assistance Requested:

\$250 \$500 \$750

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:

Please be prepared to provide a copy of tax form upon request.

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.