



**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.**

\$250   
  \$500   
  \$750   
  Other (specify) \_\_\_\_\_

\*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.**