Deadline: April 15

Hope Lutheran High School

FINANCIAL AID APPLICATION FOR GUARDIAN ANGEL TUITION ASSISTANCE

Parents' Names:						
Address:	City			tate	Zip	
Church Home:						
Amount of tuition paid last year (if any)			 			
Father's Occupation:	Mother's Occupa				· · · · · · · · · · · · · · · · · · ·	
Own Home Rent Home	Monthly payment:					
Names of All Children		Date of Birth		Gra	Grade Pre-School-12	
In Household						
1. 2.					_	
3.						
Use back if needed						
Names of All Adults In Household	Date of Birth		Annual Wages and Salaries Before Taxes		Other Income/Yr.	
1.						
1. 2. 3. 4.						
<u>3.</u> 4.						
Note: 1040 Form must be attached to	 this form or ^y		 	be pro	cessed.	
Name of College age Children: Do you assist them?						
Do you have any extenuating circumstance	s you would li	ke to sl	nare with us? Pleas	se use b	oack.	
Do you receive (please circle all that apply) food stamps free and reduced lunch						
medical assistance government assistance other						
Please explain on back if necessary:						
Signing this form enrolls you into the Guard potential supporters and you may be asked sponsors on attached sheet.						
The awarding of aid carries with it the exper promotional activities of Hope LHS; that you treasure; and that you will actively support t your child(ren)'s school and academic life, a	u will contribut the ministry of	te to the Hope I	e support of God's I Lutheran High Scho	kingdon ool by b	n through time, talent and	
I certify that this information is true and corr	ect.					
Signature	nature Date					

This form will be kept confidential. You qualify according to your income level per the USDA Food and Nutrition Income Eligibility Guidelines. If you are a returning family, have received aid last school year but have not followed through on your tuition account, you are not eligible to receive aid this year until your account balance from last year is paid in full.