

St. Paul's Lutheran School
7821 W. Lincoln Ave. West Allis, WI 53219 www.splswa.com

TUITION ASSISTANCE FOR THE SCHOOL YEAR: 2023-2024

Section 1: Family Information

Parent Name: _____ Member: _____ Non-Member: _____

A): NAMES OF STUDENTS ATTENDING ST. PAUL'S LUTHERAN SCHOOL

1): _____ Entering Grade: _____

2): _____ Entering Grade: _____

3): _____ Entering Grade: _____

B): Person (s) Responsible for Payment of Tuition:

C: Parent/Guardian (if same as B, write SAME)

Relationship to Student: _____

Name: _____

Name: _____

Address: _____

Address: _____

City & Zip: _____

City & Zip: _____

Telephone: _____

Telephone: _____

D): PARENTS MARITAL STATUS (circle one)

1): Single 2): Married 3): Widowed 4): Both deceased 5): Divorced 6): Separated

E): EMPLOYER: _____
(Father/Guardian)

(Mother/Guardian)

OCCUPATION: _____
(Father/Guardian)

(Mother/Guardian)

Section 2: Financial Information *Please complete Section A and/or B, whichever applies. Provide financial information for the parent(s) or guardian(s) who are responsible for the payment of tuition.*

A): Last Year's Gross Income Earned by:

B): Last Year's Non-Taxable Income

- (1). Father/Stepfather/Male Guardian \$ _____
- (2). Mother/Stepmother/Female Guardian \$ _____
- (3). Total Gross Income as reported on last year's IRS Form 1040, 1040A, or 1040EZ \$ _____

	<u>Per Month</u>	<u>Per Year</u>
Child Support:	\$ _____	\$ _____
Welfare/W-2:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
All other Income:	\$ _____	\$ _____
Total Non-Taxable Income for last year	\$ _____	\$ _____

IMPORTANT:

Please return a signed Photocopy of your completed Federal Income Tax Return with supporting schedules and/or proof of Social Security, W-2, or other nontaxable income to the School Office. If for some reason you cannot submit your tax return or financial information, please contact the School Office at 414-541-6251.

Section 3:

Please describe (attach information) any unusual circumstances or additional information that will assist us in our consideration of your student aid request. Include dollar figures if your income has changed significantly from last year.

I certify that all information herein provided is accurate and complete.

Parent/Guardian Signature

Date

Evidence of inaccurate or misinformation may terminate agreement