

**Tuition Assistance Application Form  
St. Peter's Lutheran School**

145 South Sixth Street  
Waterford, WI 53185  
262-534-6066

This form should be completed and returned to the school office as soon as possible or before August 1<sup>st</sup>. All information provided will be confidential. Notification of your status will be made as soon as possible.

**Applicant:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Ph.: \_\_\_\_\_ Work Ph.: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Church Membership: \_\_\_\_\_

**Spouse:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Ph.: \_\_\_\_\_ Work Ph.: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Church Membership: \_\_\_\_\_

**All Others in the Home:**

<u>First and Last Name</u>	<u>Relationship Of Applicant</u>	<u>Will Attend St. Peter's? Yes or No</u>	<u>Grade 2008-09</u>	<u>Annual Tuition Fee</u>
1) _____	_____	_____	_____	\$ _____
2) _____	_____	_____	_____	\$ _____
3) _____	_____	_____	_____	\$ _____
4) _____	_____	_____	_____	\$ _____
Total Tuition				\$ _____

Have you paid the upcoming school years registration fees to St. Peter's Lutheran School? \_\_\_ Yes or \_\_\_ No

The following questions asked out of Christian love, will be used to help the committee evaluate a candidate. There are no incorrect answers.

- 1) My family's weekly church attendance the past year was about \_\_\_\_\_%
- 2) My family's Communion attendance the past year was about \_\_\_\_\_%
- 3) My family's service to St. Peter's Lutheran Church and School was in the following areas:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_

**I am applying to have the following total tuition assistance this school year: \$ \_\_\_\_\_ (annual)  
(Please note that only tuition fees may be reduced)**

**Please complete the reverse side.**

Please explain why you feel you need this assistance. Feel free to add any information below that you feel would be beneficial to the committee in evaluating your application:

---

---

---

If requested to verify the information, are you willing to provide copies of your tax return and W-2?  
\_\_\_\_ Yes or \_\_\_\_ No

**Annual Income:**

Salaries and other income for applicant last year (2008): \$ \_\_\_\_\_

Salaries and other income spouse last year (2008): \$ \_\_\_\_\_

Maintenance received: \$ \_\_\_\_\_ Child Support received: \$ \_\_\_\_\_

Social Security Benefits received: \$ \_\_\_\_\_ Other income: \$ \_\_\_\_\_

**Annual Expenses:**

Rent/House Payment: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Medical: \$ \_\_\_\_\_

Recurring monthly bills (credit card, car, telephone, credit accounts): \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Net Worth**

Total Assets: \$ \_\_\_\_\_

Total Liabilities: \$ \_\_\_\_\_

Net Worth (Assets less Liabilities): \$ \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

+++++

**Office Use:**

Date Received: \_\_\_\_\_

Date Reviewed by Financial Assistance Committee: \_\_\_\_\_

Amount of Financial Assistance: \$ \_\_\_\_\_

School Board Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_