

SAXONY LUTHERAN HIGH SCHOOL
Sibling Scholarship Application
Confidential Statement

- Please complete this application and submit it in a SEALED envelope to:
Tuition Assistance Committee
Saxony Lutheran High School
2004 Saxony Drive
Jackson, MO 63755
 - Filing deadline: May 1st
 - All information is confidential and will only be reviewed by the Tuition Assistance Committee.
 - The Committee does not discriminate on the basis of race, color, national or ethnic background, or religion.
 - An application must be made each year that tuition assistance is requested.
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Student's name _____

Father's name _____ **Occupation** _____

Mother's name _____ **Occupation** _____

Address _____

City _____ **State** _____ **Zip** _____

Home phone _____

Church name _____

School Year: _____

List all information for each school age dependent child

Name	Age	School	Tuition

List other dependents

Name	Relationship

Does your church offer assistance? Yes _____ No _____

If so, what amount or percentage? _____

I, the undersigned, certify that all information on this application is accurate.

Applicant's signature _____ **Date** _____