

SAXONY LUTHERAN HIGH SCHOOL
Tuition Assistance Application
Confidential Statement

- Please complete this application and submit it with a COPY of your income tax form from the previous year and supporting schedules in a SEALED envelope to:

Tuition Assistance Committee
Saxony Lutheran High School
2004 Saxony Drive
Jackson, MO 63755

- Filing deadline: May 1st
- Tuition assistance may be awarded up to a maximum of 50% of the tuition amount, if funding is available.
- 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, or ethnic background, or religion.
- Assistance will be given on the basis of need and ability. A multiplier of the free and reduced hot lunch eligibility guidelines will be used.
- An application must be made each year that tuition assistance is requested.

Student's name _____

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Address _____

City _____ State _____ Zip _____

Home phone _____

Church Name _____ Church phone _____

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

Applicant's signature _____ Date _____

School Year: _____

List all information for each school age dependent child

Name	Age	School	Tuition

List other dependents

Name	Relationship

Total gross income, before expenses

Father/stepfather/male guardian \$ _____
Mother/stepmother/female guardian \$ _____
Other taxable income \$ _____
TOTAL \$ _____

Does your church offer assistance? Yes ____ No ____

If so, what amount or percentage? _____

List other income or benefits (i.e., life insurance, car allowance, housing allowance, child support, pension, Social Security, etc.)

Type	Amount

Housing: Rent ____ Own ____ Free housing ____ Monthly Payment _____

