

St. Paul Lutheran School GranTparent Application K-8 Grade

St. Paul Lutheran School admits students of any race, color or national ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school-administered programs.

Student Last Name	Student First Name	Grade

Family Information

Father/Guardian Name:	
Address:	Phone:
Occupation:	Phone:
Employer:	Yearly Gross Income:

Mother/Guardian Name:	
Address:	Phone:
Occupation:	Phone:
Employer:	Yearly Gross Income:

Family Gross Income, all sources including child support/alimony \$ _____

Do you qualify for state assistance (please check): No [] Yes [] Annual Amount \$ _____

Schools attended within the last two years: _____

Financial Information:

Please list all Monthly Income:

Wages: _____

Alimony: _____

Child Support _____

Other: _____

Total: _____

Please list all Monthly Expenses:

Mortgage: _____

Auto etc.: _____

Lights, heat, air: _____

Land line/cell: _____

Insurances: _____

Student Loans: _____

Medical: _____

Total: _____

Please attach your most recent income tax return in order to assist St. Paul Lutheran School in determining your eligibility for financial aid. All information will be kept confidential. GranTparent monies CAN NOT be applied to previous balances. Applications need to be returned to the school office by Wednesday, May 31st.

I DECLARE THAT THE INFORMATION ON THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

FATHER/GURADIAN SIGNATURE _____ DATE: _____

MOTHER/GUARDIAN SIGNATURE _____ DATE: _____