

Scholarship Application (K-8)

St. Paul's Lutheran School

605 S. Center St.

Bremen, IN 46506

As part of the mission at St. Paul's Lutheran Church and School to educate the youth of our community, our goal is to provide an affordable Christian education to every family that wishes to attend St. Paul's.

Applications must be filled out completely to be considered.

Parent(s)/Legal Guardian Name(s) _____

Address _____

City/St/ZIP _____

Phone (____) _____ Email _____

Which adult is legally responsible for the child(ren)

Both Parents

Mother

Father

Legal Guardian

Other, Please explain: _____

Student Information

| | First | Last | 2023-24 GR | New K-8 Student |
|----|---|------|------------|--------------------------|
| #1 | | | | <input type="checkbox"/> |
| | School attended last year: _____ <input type="checkbox"/> Previous year Choice or SGO <input type="checkbox"/> Sibling Choice/SGO in a previous school year <input type="checkbox"/> Public School last 2 semesters <input type="checkbox"/> Receiving Special Education Services | | | |
| #2 | | | | <input type="checkbox"/> |
| | School attended last year: _____ <input type="checkbox"/> Previous year Choice or SGO <input type="checkbox"/> Sibling Choice/SGO in a previous school year <input type="checkbox"/> Public School last 2 semesters <input type="checkbox"/> Receiving Special Education Services | | | |
| #3 | | | | <input type="checkbox"/> |
| | School attended last year: _____ <input type="checkbox"/> Previous year Choice or SGO <input type="checkbox"/> Sibling Choice/SGO in a previous school year <input type="checkbox"/> Public School last 2 semesters <input type="checkbox"/> Receiving Special Education Services | | | |
| #4 | | | | <input type="checkbox"/> |
| | School attended last year: _____ <input type="checkbox"/> Previous year Choice or SGO <input type="checkbox"/> Sibling Choice/SGO in a previous school year <input type="checkbox"/> Public School last 2 semesters <input type="checkbox"/> Receiving Special Education Services | | | |

Additional Household Information

Home School Corporation: _____

Number of People in Household: _____

2022 Income: _____

Usually this is your Adjusted Gross Income (line 11 from Form 1040) from last year's tax return. Check with the school office if this does not accurately reflect your household income.

- CHURCH PARTNER: Our family actively participates as a part of a Christian church (St. Paul's or other approved congregation). *Church Partner Application and Agreement must be submitted.*
- SCHOOL PARTNER: We actively participate in PTL, as a St. Paul's volunteer, or leader. *School Partner Application and Agreement must be submitted.*

Other Notes (extenuating circumstances):

For Office Use

Estimated Costs for 2023-24 School Year (Kindergarten-8th Grade)

| | Students #1 | Students #2 | Students #3 | Students #4 | Total |
|--------------------------|-------------|-------------|-------------|-------------|-------|
| Tuition & Fees | \$ | \$ | \$ | \$ | \$ |
| <i>Scholarships</i> | | | | | |
| Choice | \$ | \$ | \$ | \$ | \$ |
| Church Partner | \$ | \$ | \$ | \$ | \$ |
| School Partner | \$ | \$ | \$ | \$ | \$ |
| New Student | \$ | \$ | \$ | \$ | \$ |
| Tuition Assistance | \$ | \$ | \$ | \$ | \$ |
| Remaining Balance | | | | | \$ |

By signing below, you acknowledge that there may be tuition and fees exceeding your scholarship award and agree to pay the remaining balance in full by the end of the 2023-24 school year.

Parent/Guardian Signature(s)

_____ Date _____

_____ Date _____