



DIVINE GRACE

LUTHERAN CHURCH and SCHOOL

Wisconsin Evangelical Lutheran Synod (WELS)

Tuition Assistance Request Form

In an effort to assist the members of Divine Grace Lutheran Church, a small amount of money is available to help members provide for the Christian Education of their children. If your family seeks financial aid to support this education, please fill out this application so that that the church might make the best use of these limited resources.

Family Last Name

Father/Legal Guardian First Name

Mother/Legal Guardian First Name

Student's First Name and Grade Level

Student's First Name and Grade Level

Student's First Name and Grade Level

Father/Legal Guardian's Occupation

Father/Legal Guardian's Place of Employment

Mother/Legal Guardian's Occupation

Mother/Legal Guardian's Place of Employment

\$ _____
Father/LG Approximate Annual Salary

\$ _____
Mother/LG Approximate Annual Salary

\$ _____
Other significant expected income

Please describe any unique financial/family circumstances as they relate to your application for tuition assistance. Attach additional pages as necessary.

How much aid do you anticipate needing (a specific dollar amount): _____

Please return the completed form to the School Board Treasurer (schoolboardtreasurer@divinegrace.net). You will be contacted by a member of the School Board once a decision has been reached.

I certify that the above information is complete and accurate to the best of my knowledge and ability:

Signature of Parent or Legal Guardian

Date