Trinity Lutheran School Scholarship Application

Education for Life and Eternity

We understand that the expense of tuition may be a strain on a family’s budget, and helping eligible families reduce their cost through scholarships is an important part of our program. We also keep our tuition as low as possible, while striving to provide a quality school experience.

Most of our scholarship funds are provided by the Sponsorship Fund, the Vern Gauger Scholarship Fund, and our congregation, who care about your children and believe that Trinity Lutheran School provides a strong Christian school experience and a place where your faith and family life can grow strong.

Our process is as follows:

**APPLICATION**: It is available in our school office. **Copy of tax forms must be submitted with the application to confirm eligibility.**

**DEADLINE:** Applicants must submit their information before **March 31, 2023** by mailing it to:

Trinity Lutheran School

819 School Ave

Oshkosh WI 54901

or by hand delivering it to the School Office.

**NOTIFICATION:** Our Principal and the School Board will review all applications and will notify all applicants of their decision in writing by June 15, 2023.

**AGREEMENT:** Applicants who are approved for a partial scholarship will receive a scholarship agreement outlining the school and family expectations for tuition payment and fulfillment of school policies, at which time they may accept or reject the scholarship. The agreement must be signed and returned to Trinity Lutheran School.

**Our financial assistance fund is limited, and while all requests are considered, we cannot guarantee that all applicants will receive assistance.** The decisions of the School Board are based on number of requests, family circumstances, and individual needs.

**QUESTIONS** about the process may be directed to Principal Joseph Reinl at 920-235-1730.

Trinity Lutheran School admits students of any race, color, and national or ethnic origin.

**Scholarship Application**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_

 First Last month/day/year

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_

 First Last month/day/year

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 First Last month/day/year

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 First Last month/day/year

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 First Last month/day/year

Father's Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No\_\_\_\_\_\_\_\_\_\_\_

Mother's Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No.\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother's Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who does the child live with? (CIRCLE ONE) Mother Father Both Parents

 Other(name & relationship)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you hope your child will gain from Trinity Lutheran School?

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Tell us how you can give back to Trinity School by volunteering. My family can donate our time by volunteering to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FINANCIAL INFORMATION**

This information is used solely to determine program eligibility and will remain confidential.

Why are you requesting financial aid?

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Please describe any special financial arrangements affecting the family’s budget.

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Please indicate a monthly amount that you feel you could pay for tuition $\_\_\_\_\_\_\_\_\_\_\_\_

## **Income:** Please list all sources of income (wages/salary, child support, investment income, etc.).

**Gross** wages/salary: per per

Child Support: /month /month

Investment Income: /month /month

Other:

**Bank Holdings**: Please list any bank holdings of more than $10,000.00.

**PLEASE ATTACH A COPY OF YOUR CURRENT INCOME TAX RETURN.** Scholarship requests will not be considered without this document. It will be solely used to determine eligibility and is required to reduce fraud. This information will be kept secure and will be shredded after scholarships have been awarded.

I hereby certify that all of the information in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Legal Guardian Signature(s)

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For Office Use Only

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Tuition Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Scholarship $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Family Pays $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments or notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Board approval signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor approval signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_