

ST. JOHN'S LUTHERAN CHURCH & SCHOOL

4939 W. Montrose Ave. Chicago, IL 60641

Phone: 773-736-1196 Fax: 773-736-3614

www.StJohnsChicago.org

Date Received (office use)

TUITION ASSISTANCE APPLICATION

Please fill out this form completely. **A new form must be completed for each semester**

Mark the semester for which you are applying 1st Aug - Dec () 2nd Jan - Jun ()

1. Family Name _____ Application Date _____

Member of St. John's Yes () No () (active membership is attending church 2 or more times per month)

If No, where is membership held _____ None ()

2. Family Information (Complete all information)

<u>Name</u>	<u>Anticipated Income This Year</u>
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Father _____	\$ _____
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Mother _____	\$ _____
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If you are receiving assistance from any other source, please indicate the amount of such assistance per month.

Social Security _____	A.F.D.C. _____	Pension _____
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Disability _____	Insurance _____	Alimony _____
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Unemployment _____	Other (specify) _____	
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Child Support _____

Total Income from All Sources \$ _____

3. List all dependent children in the family (youngest to oldest)

Name	Age	Anticipated tuition, fees & childcare
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_____	_____	\$ _____
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_____	_____	\$ _____
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_____	_____	\$ _____
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4. In what areas do you expect to volunteer throughout the year? _____

5. Please state special problems which identify need: (Use separate sheet if needed)

6. Recognizing that St. John's needs the total support of all its families, we as a St. John's school family are able to support the school with a monthly tuition payment of \$_____.

7. Is there a family member (grandparent, godparent, aunt, uncle, etc) able to financially assist with your tuition? Yes () Monthly Amount (\$) () No ()

8. If not a member of St. John's, can your church assist financially? Yes () No ()

9. Please attach a complete copy of your **Federal Tax Return** (all information is confidential) and **paystub(s)** for a one-month period.

Complete this application immediately so that your child's Christian education may continue. A personal consultation with the committee may also be requested in the near future. A committee member will be in contact with you. If you prefer a home visit by a member of the Board of Christian Education, we will be happy to make such an arrangement for you.

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FOR OFFICE USE ONLY

Family Name: _____ Date reviewed: _____

Monies disbursed: AGAPE \$ _____ CLEF \$ _____ HK \$ _____

Name of Sponsor _____ Support \$ _____

Name of Sponsor _____ Support \$ _____

Comments/Concerns: _____

Date monies applied: _____ Date of family contact: _____

Signature(s) of Committee Member: _____