

**St. Paul Lutheran School**  
**Affordable Tuition Program Application / 2025-2026 School Year**

Information requested on this form is for the exclusive use of St. Paul Lutheran tuition and fees committee. It will be kept strictly confidential. *You must be a member of St. Paul Lutheran Church to be considered for tuition assistance.* Applications will not be considered unless all the questions are completely answered on the form. A copy of your 2024 tax return should be submitted by May 31.

<b>Child (ren)</b>	<b>Next Year Grade Level (K-8 only)</b>	<b>Tuition</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent (1)** \_\_\_\_\_ **Phone** \_\_\_\_\_ **e-mail address** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Parent (2)** \_\_\_\_\_ **Phone** \_\_\_\_\_ **e-mail address** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Income:**

**Father's/Stepfather's Occupation** \_\_\_\_\_

Monthly Gross Salary \$ \_\_\_\_\_

Additional income (monthly) \$ \_\_\_\_\_

**Mother's/Stepmother's Occupation** \_\_\_\_\_

Monthly Gross Salary \$ \_\_\_\_\_

Additional income (monthly) \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

Please describe any situations or substantial financial changes that you would like the committee to consider regarding your tuition payment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional information on a separate sheet if needed)

**WHAT CAN YOU OFFER:** According to your prayerful consideration, what are you able to pay annually for your child(ren) to attend St. Paul Lutheran School?

(annual dollar figure) \_\_\_\_\_

**Parent's Statement**

I declare, under penalty or perjury, that the foregoing information is true and correct, and I authorize the school to make any inquiries in order to verify the information.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*