



1121 Georgia Avenue, Sheboygan, Wisconsin 53081
 Church: (920) 452-4331 School: (920) 452-5071
 www.ourbethlehem.com

Application for Financial Assistance for the 2020-21 school year
 for students attending **Bethlehem Lutheran School** or **Sheboygan Lutheran High School**

(If you need assistance completing this form, please contact the school office: 452-5071.)

Applications submitted by April 15, 2020, receive priority consideration.

If a question does not apply, write *NA*. All information on this application is confidential and will be used only by the Principal to apply the policies of the Board of Christian Day School to determine financial assistance, which is based upon need and availability of funds, and is NOT affected by race, gender, or national or ethnic origin. A student must be registered at the appropriate school before receiving any financial assistance.

**Applications will not be accepted until ALL questions are answered
 AND a copy of your 2019 tax return is received**

Date: _____

Family Information

1. Father: _____ Member of Bethlehem Church: Yes No
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____ Work: _____
 Employer: _____ Occupation: _____

2. Mother: _____ Member of Bethlehem Church: Yes No
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____ Work: _____
 Employer: _____ Occupation: _____

3. With whom does the student live: ____ Full Time Mother Only, ____ Full Time Father Only, ____ Full Time Both
 Mother & Father, ____% With Mother, ____% With Father

4. List ALL others living in household (attach a separate list if necessary):
 First & Last Name: _____ Age: _____
 Relationship to student: _____

Rev. Patrick Niles
Vacancy Pastor

Rev. Alan D. Kubow
Associate Pastor

Patrick R. Vanic
Principal

First & Last Name: _____ Age: _____

Relationship to student: _____

First & Last Name: _____ Age: _____

Relationship to student: _____

First & Last Name: _____ Age: _____

Relationship to student: _____

5. Financial Assistance Application is for the following child(ren):

2020-21
Grade

2020-21 Attendance:
Bethlehem LHS
(check correct column)

Last

Student Name

First

Last	<u>Student Name</u>	First	2020-21 <u>Grade</u>	2020-21 Attendance: <u>Bethlehem</u> <u>LHS</u> (check correct column)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Will you be receiving financial aid from another source (such as your home Church)? Yes No

The amount of financial aid from other sources \$_____.

Financial Information (use 2019 tax form -- attach copy of form)

PARENT(S)

STUDENT(S)

7. 2019 Total Income (form 1040 line 7b)

\$_____ \$_____

8. CURRENT household monthly gross wages (including **everyone** in household)

\$_____

9. CURRENT household **other** monthly income (including housing allowance, pension, social security, AFDC, child support, workman's comp, alimony, taxable and nontaxable interest, investment income, etc., for **ALL** people in the household) \$_____

10. Explain any major increases or decreases in income from last year to this year [if there are no major changes, state 'None']: _____

11. We anticipate the following total tuition and fees for the 2020-21 school year :

due to Bethlehem: \$_____

due to Lutheran High (after other financial aid): \$_____

12. Our family requests the following amount of aid:

For child(ren) attending Bethlehem School: \$_____

For child(ren) attending Lutheran High: \$_____

13. **Special circumstances** -- Indicate below any special expenses or circumstances you may have not included in financial figures given above (i.e., special care for relatives, child support, legal expenses, etc.); list specific situations, including dollar amounts: [If no special circumstances exist, state 'None']

14. What changes do you anticipate in any of the above information (income, expenses, etc.) during the coming year: [If no changes are anticipated, state 'None']

We affirm that the above information is true to the best of our knowledge. Bethlehem has our permission to verify any information above and to use it to determine any financial assistance. **We understand that we need to attach a copy of our 2019 federal income tax return to this form.** We agree to furnish the school with corrected information if our salary or other financial considerations change between now and the end of the school year for which this application is being made.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

DID YOU REMEMBER TO ATTACH A COPY OF YOUR 2019 FEDERAL INCOME TAX RETURN?