



# WORD OF LIFE

## LUTHERAN SCHOOL

### AFTER-SCHOOL PROGRAM SCHOLARSHIP APPLICATION 2011-2012

Parent/Guardian's Name: \_\_\_\_\_  
First Middle Last

Parent/Guardian's Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_  
Home Work Other

Number of people in household: Adults \_\_\_\_\_ Children \_\_\_\_\_

Do you have a church affiliation? \_\_\_\_\_ If so, where? \_\_\_\_\_

Please circle one: is your child **new** or **returning** to Word of Life Lutheran School?

Have you received assistance from any scholarship program in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ Source: \_\_\_\_\_

Please list all children in your household:

Name	Gender	Relationship to guardian	Grade level in 2011/2012	School
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Name	Gender	Relationship to guardian	Grade level in 2011/2012	School
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Name	Gender	Relationship to guardian	Grade level in 2011/2012	School
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Name	Gender	Relationship to guardian	Grade level in 2011/2012	School
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Annual Income	Father	Mother	Other
W-2			
AFDC or ADC			
Child Support			
Social Security Income			
Other Income			
<b>Total</b>			

Note: To verify income, please attach a copy of your 2010 tax return - form 1040, 1040A or 1040EZ, which you filed with the IRS. If you did not file, you must attach documentation of your income. If parents are divorced or separated, both parents must supply tax information. **If this information has already been submitted to the school, check here:** \_\_\_\_\_

If you would like us to consider any special family circumstances or financial obligations, please provide the information below: (Attach additional sheet, of necessary.)

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Please initial each statement to indicate the statement is true.

- I certify the above child lives/children live with me as my dependents(s)
- I understand the scholarship is not a full scholarship, and is valid for one school year.
- I will be responsible for the remainder of program cost not covered by this or other assistance.
- I understand failure to stay current with payments may result in a loss of scholarship.
- I certify the enclosed financial information is correct.

*I certify that all the information provided on this application is true and complete to the best of my knowledge. I agree to provide proof that the statements made in this application are true, and I acknowledge that failure to do so will void the scholarship. I understand that all the above conditions must be met by family/child to be eligible for a scholarship.*

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Print Name of Parent or Guardian	Signature of Parent or Guardian	Date
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Print Name of Parent or Guardian	Signature of Parent or Guardian	Date
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## **Application Deadline: August 16, 2011**

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Please return completed application to the Word of Life School Office.

Do not forget to attach your 2010 tax information.

Thank you!