

WORD OF LIFE

LUTHERAN + SCHOOL

AFTER-SCHOOL PROGRAM SCHOLARSHIP APPLICATION 2009/2010

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 2009/2010 School

Name Gender Relationship to guardian Grade level in 2009/2010 School

Name Gender Relationship to guardian Grade level in 2009/2010 School

Name Gender Relationship to guardian Grade level in 2009/2010 School

Annual Income	Father	Mother	Other
W-2			
AFDC or ADC			
Child Support			
Social Security Income			
Other Income			
Total			

Note: To verify income, please attach a copy of your 2008 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.)

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 tuition 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.

Print Name of Parent or Guardian Signature of Parent or Guardian Date

Print Name of Parent or Guardian Signature of Parent or Guardian Date

Application Deadline: August 4, 2009

Please return completed application to the Word of Life School Office.
Do not forget to attach your 2008 tax information.
Thank you!