

**FAITH LUTHERAN HIGH SCHOOL
FINANCIAL AID APPLICATION
PARENT'S CONFIDENTIAL STATEMENT
2010-2011**

Information and Guidelines

1. This form is to be completed and submitted with a copy of your latest IRS Income Tax Form

Return to: Chris Schoenleb, Principal
Faith Lutheran High School
174 McHenry Ave.
Crystal Lake, Illinois 60014

2. Filing Deadline: All applications for financial aid should be on file by May 1st. No exceptions. The Financial Aid Committee will review applications. There is only a set amount of money to be given out. It is a first-come first-served basis and when the designated dollar amount is gone, no more financial aid will be given for the remainder of the school year.

3. Financial Aid is given to a maximum of 50% of the Association member level tuition.

4. All information is confidential and will be reviewed only by the Financial Aid Committee.

5. The Committee will not discriminate on the basis of race, color, national origin or ethnic background.

6. All grants will be made on the basis of need.

7. Financial Aid is given for one year only. Application for Financial Aid must be made each year.

8. All Financial Aid recipients are required to provide service hours to Faith Lutheran High School.

Student Name: _____ Grade _____

Father's Name: _____ Occupation _____

Mother's Name: _____ Occupation _____

Guardian's Name: _____ Occupation _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Number: _____

Church Affiliation: _____

Pastor's Name _____ Church Phone Number: _____

IF YOU FILED THE LONG FORM VERSION OF IRS FORM 1040, YOU MAY ATTACH IT TO THIS APPLICATION IN LIEU OF ANSWERING QUESTIONS 1-9

1. List all information for each dependent child.

<u>Name</u>	<u>Age</u>	<u>School</u>	<u>Tuition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. List other dependents and relationship: _____

3. Total Gross Income before expenses:

A. Father, stepfather, male guardian: _____

B. Mother, stepmother, female guardian: _____

C. Other Taxable Income: _____

Total of A, B, C: _____

4. Other income or benefits (for example: life insurance, allowances, child support, etc.) List with the amount of income or benefit

5. Housing per month

Rent _____ Own _____ Free Housing _____

6. Bank Accounts (list each separately).

7. Indebtedness (list each and give total)

_____	_____
_____	_____
_____	_____

8. Monthly expenses (itemize all regular monthly expenses such as insurance, utilities, food, ~).

_____	_____
_____	_____
_____	_____

Total Monthly Expenses: _____

9. Contributions to charitable organizations for previous year.

_____	_____
_____	_____

10. Student's assets

Projected from employment _____

Trust Accounts _____

Savings Accounts _____

11. Use this space to explain any unusual circumstances that we should know about when determining financial aid eligibility.

12. How much financial aid are you requesting? _____

(Father's/Guardian's Signature)

(Mother's/Guardian's Signature)