

Semester
____ First
____ Second

SCHOLARSHIP APPLICATION FOR 2017-18 SCHOOL YEAR

St. John Lutheran School and Preschool

Scholarship is awarded on a per-semester basis.

Application must be made each semester that scholarship is desired.

NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Other) _____

Number of Students: _____

Name:

Grade:

_____	_____
_____	_____
_____	_____

Scholarship amount requested for the semester: \$_____

Please explain financial need: _____

Have you requested financial help from other sources such as parent, grandparent, other relative, church, employer, etc.? YES NO (circle one) Explain:

Annual Gross Income: \$_____ Please list amount as reported on your last income tax form. This is required for scholarship consideration. If not included, your application will not be considered. **A copy of the first page of your Federal Income Tax form is also required.**



Continued on Reverse

Employer Name: _____

Length of Employment: _____

Employer Name: _____

Length of Employment: _____

Number of Persons in Household: _____

_____ Adults _____ College Students _____ High School Students

_____ Grade School Students _____ Preschool/Infants

MONTHLY INCOME	
Net Monthly Taxable Income (self)	
Net Monthly Taxable Income (spouse)	
Other	
Total Monthly Income	

MONTHLY EXPENSES	
Mortgage or Rent	
Utilities	
Vehicle Payments	
Insurance (vehicle/health/life)	
Other Loan Payments	
Child Support/Alimony	
Medical Payments	
Other	
Total Monthly Expenses	

Please list any other special circumstances you would like the Scholarship Committee to consider:

Signature

Date

Please return this completed form (BOTH SIDES) to the school office by the application deadline.