

FINANCIAL AID APPLICATION
For School Year _____

DIRECTIONS FOR FILING: This form **MUST** be submitted with a complete copy of your most recent tax return (IRS 1040) **including** you W-2 earnings statement and supporting documents. PLEASE DO NOT SEND ORIGINALS. Copies cannot be returned.

Student Name(s) _____ Grade(s) (Entering Sept.) _____

Name of Church Affiliation _____ Town _____

PARENTS' CONFIDENTIAL STATEMENT

All information is confidential and will be reviewed by the Financial Aid Committee who will not discriminate on the basis of race, color, nationality or ethnic origin. Aid awards are made on the basis of need. If assistance is needed to complete this form, contact the Admissions Office at (516) 626-1700.

RETURN THIS FORM ALONG WITH SUPPORTING DOCUMENTS TO:

FINANCIAL AID COMMITTEE
L. I. LUTHERAN MIDDLE & HIGH SCHOOL
131 BROOKVILLE ROAD
BROOKVILLE, NY 11545

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Address _____ Phone _____

Town _____ Zip _____

Is either parent/guardian an alumnus of L.I. Lutheran? YES ___ Year of graduation _____ NO ___

Is either parent/guardian employed within the Lutheran church or school communities? YES ___ NO ___

Lutheran employer if applicable: _____

1. List all information for each dependent child

Name	Age	Grade	School	Tuition

2. Other dependents?

Explain _____

3. Other income or benefits (car/housing allowance, pension, social security, child support, etc.)

List with amount of income or benefit.

_____ \$ _____

4. Housing:
OWN: Purchase Date: _____ Price: \$ _____ Monthly Mortgage: \$ _____

RENT: Monthly Rent \$ _____ Utilities included? Yes _____ No _____

5. Bank Accounts (List each with current balance)
_____ \$ _____
_____ \$ _____

6. Indebtedness (list each and in case of credit cards, give example of purchases)

TOTAL INDEBTEDNESS \$ _____

7. Automobiles (Year and Make)
(1) _____
(2) _____
TOTAL AUTO INDEBTEDNESS \$ _____

8. Other Assets (boat, vacation/second home or other property)
_____ Value \$ _____
_____ Value \$ _____

9. Contributions to charitable organizations in last taxable year:
_____ \$ _____
_____ \$ _____
TOTAL CONTRIBUTIONS \$ _____

10. AMOUNT OF SCHOLARSHIP ASSISTANCE YOU ARE REQUESTING \$ _____
(NOTE: Aid awards are generally limited to a maximum of 25% of tuition.)

(Please use this space to explain any extenuating financial circumstances that may not appear on your tax return, i.e. period of unemployment, medical, disability, divorce, separation, etc.)

I/we certify that statements contained herein are true and correct. If knowledge of circumstances change, I/we will notify the scholarship committee immediately. The penalty of not complying with this may be forfeiture of scholarship awards.

Signed: _____ (Parent/guardian) _____ (Date) _____ (Parent/guardian) _____ (Date)