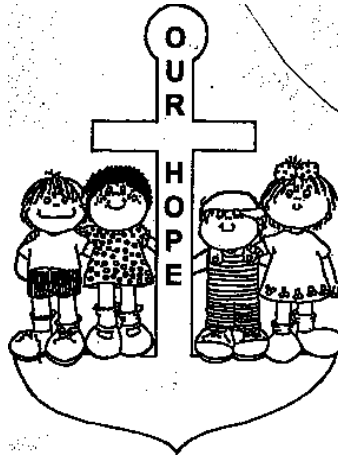


PRIVATE SCHOOL TUITION ASSISTANCE APPLICATION FORM



PARENT(S) LAST NAME _____

STUDENT(S) LAST NAME _____

Keep a copy of this application.

Please note the required tax year documentation.

1. Detailed copies of all pages and Schedules of your **2009** Federal Income Tax Return Form 1040, 1040A or 1040EZ
2. Copies of all **2009** W-2 Wage and Tax Statement Forms.
(Please make sure all documentation is copied on regular 8 1/2 x 11 paper).
3. This application form filled out in its entirety, signed and dated by the Parent(s) or Guardian(s) listed in Sections A and B.

IMPORTANT: If the above items do not accompany this application, your application will not be considered complete. This form must be postmarked no later than **AUGUST 1 2010.**

**** ALL INFORMATION IS STRICTLY CONFIDENTIAL. ANY INFORMATION PROVIDED IS SIMPLY USED IN AN EFFORT TO FAIRLY DETERMAIN WHAT AMOUNT IF ANY DO YOU QUALIFY FOR. ANY SHARING OF, OR RELEASE OF AID RECEIVED WITH OTHER FAMILIES CAN JEOPERDIZE FUTURE FINANCIAL ASSISTANCE.**

A. PARENT, GUARDIAN or OTHER ADULT RESPONSIBLE FOR TUITION

Check one: Father Mother Stepfather Stepmother Other Adult

If Other Adult Please Specify: _____

B. PARENT, GUARDIAN or OTHER ADULT RESIDING WITH PARENT A

Check one: Father Mother Stepfather Stepmother Other Adult

If Other Adult Please Specify: _____

C. DEPENDENTS (DO NOT LEAVE BLANK)

Number of dependent children who will attend a tuition charging school: daycare, Pre-K, elementary school, secondary school, or college in the fall of 2010. _____

Name of school student plans to enter in the fall of 2010

(PLEASE DO NOT ABBREVIATE)

Please list all dependent children in order of oldest to youngest, including college students.

	Dependent Last Name	Dependent First Name	Age	Grade in the Fall of '10	Applying for Aid Yes/No	Amount I/We feel I/We can pay toward tuition	Tuition charged yearly per student	Office Use only
1								
2								
3								
4								
5								

Please check if additional dependents are listed on a separate sheet.

Check one: Father Mother Stepfather Stepmother Other Adult None

If Other Adult Please Specify: _____

D. UNUSUAL CIRCUMSTANCES (Check all that apply to your situation)

- a. Loss of job
- b. Recent separation/divorce
- c. Change in family living status
- d. Change in work status
- e. Bankruptcy
- f. College expenses
- g. Income reduction
- h. Illness or injury
- i. Death in the family
- j. Shared custody
- k. High debt
- l. Child support reduction
- m. Medical/Dental expenses
- n. Shared tuition
- o. Other (Explain in Section F)

E. PAST TUITION EXPENSES (Check and complete all that applies.)

Number of dependent children who attended a tuition charging school: daycare, Pre-K, elementary school, secondary school, or college in the fall of 2009. _____

	Dependent Last Name	Dependent First Name	Age	Grade in the Fall of '09	Received Aid Yes/No	Tuition charged yearly per student
1						
2						
3						
4						
5						

F. EXPLANATIONS (Use this space to explain any answers which may need clarification)

WHAT IS NEEDED TO PROCESS THIS APPLICATION
(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE)

1. This application form filled out in its entirety, **SIGNED AND DATED BELOW** by the Parent or Guardian listed in Sections A and B.
2. Detailed copies of all pages and Schedules of your 2009 Federal Income Tax Return Form 1040, 1040A or 1040E, and W-2 FORMS.
3. If you have not yet filed a 2009 IRS FORM 1040. Then your most recent Form 1040, 1040A or 1040E. And most recent W-2 FORMS.

SIGN HERE

I/we declare that the information on this form is true, correct, and complete to the best of our knowledge. I/we authorize Our Hope Lutheran School to use such forms ONLY in determining Financial Aid.

Parent/Guardian A _____ Date: _____

Parent/ Guardian B _____ Date: _____