

**REDEEMER LUTHERAN SCHOOL
SCHOLARSHIP GRANT APPLICATION**

Office use only Federal Income Tax Return _____ Pay Stub _____
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Date of Application: _____

Name: _____

Address: _____

City/State/Zip: _____

Church Membership: _____

Marital Status of parents/guardians: Married Separated Divorced Other
 Widowed or otherwise single parent family

Employer/Occupation:

Father: _____

Mother: _____

Family

Names of Children	Age	Grade in School	School Currently Attending

Financial

(check one)

(check one)

Monthly Income	Before Deductions	After Deductions	Weekly	Monthly	Yearly
A. Husband					
B. Wife					
C. Welfare/Alimony/Other Support					
D. Social Security					
E. Unemployment					
F. Child Support					
G. Pension					
H. Public Assistance					
I. Other (Specify)					
J. Other (specify)					
K. Other (Specify)					

Fixed Monthly Payments					
A. House					
B. Auto					
C. Insurance					
D. Other (Specify)					
E. Other (Specify)					
F. Other (Specify)					

1. Other

- Please state specific problems or conditions which cause a need for financial assistance. _____

- Please state any additional information you feel will assist us in our consideration of your need for assistance. _____

- Please state the amount you feel you can pay each month. _____

Parents Certification and Authorization

We declare that the information on this form is to the best of our knowledge true, correct and complete.

Signature _____ Date _____

Signature _____ Date _____