

RISEN SAVIOR LUTHERAN SCHOOL
TUITION ASSISTANCE PROGRAM (TAP)

Preliminary Instructions:

- A. Please advise the Tuition Assistance Committee of any major changes in the information supplied should they occur after submitting your application.
- B. This form is to be filled out completely and all necessary additional information submitted.
- C. This form and all other information are to be returned by **April 15th**. All materials are to be addressed to:
Risen Savior Lutheran School
Principal
516 West 7th St
Mankato, MN 56001
- D. Please print or type the information requested.
- E. All information supplied is held in the strictest confidence and will be used solely for the determination of tuition assistance.

- 1. Date of Application: _____
- 2. Student's Name(s): _____
- 3. For the upcoming school year, your student(s) will be in grade(s) _____
- 4. Name of Parent(s) or Guardian making application: _____
- 5. Address of Applicant: Street/Route/PO Box _____
City, State, Zip Code _____
Phone number _____
- 6. Church Membership: Name of Congregation _____
- 7. Parent(s) Current marital status:
Single _____ Divorced _____
Married _____ Widowed _____ Separated _____
- 8. Father's (step-father's) Place of Employment: _____
- 9. Mother's (step-mother's) Place of Employment: _____
- 10. Adjusted gross income from most recent tax form:
(a) Father (step-father): \$ _____
(b) Mother (step-mother) \$ _____
(c) Student: \$ _____
(d) Total a, b, c \$ _____
- 11. Non-reportable Income for last year:
(a) Social Security benefits (include children's benefits) \$ _____
(b) Aid to Families with Dependent Children (AFDC or ADC) \$ _____
(c) Total amount of Alimony and/or Child Support received \$ _____
(d) Total all other income sources (Welfare, Housing, etc.) \$ _____
(e) Total of all non-reported income (a, b, c, d) \$ _____

12. Total expected Income (from lines 10d, & 11e of this application) \$ _____
13. Medical and Dental expenses not paid by insurance last year \$ _____

14. Present Financial Assets/Liabilities:

	Present Value	Amount Still Owed
Stocks, Bonds, Savings, Checking	\$ _____	\$ _____
Home	\$ _____	\$ _____
Business or Farm	\$ _____	\$ _____
Other Real Estate or Investments	\$ _____	\$ _____

15. Home: Amount of Rent or House Payment per month \$ _____

16. Number of cars in family Number: _____
Years(s) _____, _____, _____ . _____

17. List any major recreational equipment: e.g. Cottage, boat, snowmobiles, camper, or other similar equipment:

18. List any circumstances which have caused or will cause a change in level of income for this year:

19. List any personal handicaps or disabilities within your family:

20. List any unusual conditions which contribute to financial difficulties:

21. List any financial assistance which your congregation has awarded or will award you and you will receive for the next school year:

22. Please attach a copy of federal (first two pages of 1040 or 1040A or 1040EZ) tax returns (parents' and student's, if filed), for your most recent tax year.

IMPORTANT: This application needs to be returned by April 15th.

Date: _____

Signed: _____