

Cross Lutheran School Tuition Request Form 2019-2020 School Year

Cross Lutheran School is committed to providing quality Christian Education to Pigeon and the surrounding community. It is Cross' desire to support parents financially as they help their children grow spiritually, academically, and physically. A dollar figure should not be the reason why your child does not attend Cross Lutheran School. Therefore a fund has been established to assist those families that are financially burdened and are not able to pay school tuition in full. Below are a few questions that will help determine the financial amount to be awarded to your family.

This application and information contained in it are kept confidential.

Family Name: _____

Address: _____ **Phone:** _____

City, State, Zip Code: _____

Children at Cross School (Please list using full name)

<u>Name</u>	<u>Grade</u>	<u>Name</u>	<u>Grade</u>
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Do you have other children that are not here at Cross? If yes, please list names and ages.

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

What circumstances in your family prevent you from paying your full financial commitment to the school? Please be specific about those circumstances.

What is the full cost of tuition for your family for 2019/2020? \$ _____

What amount of tuition assistance are you requesting? \$ _____

Please note that in order to receive tuition assistance, a meeting with the Executive Committee will be required. The amount awarded will be determined at that meeting.

I promise to keep the school informed of any changes in the information provided in this form and to faithfully pay the portion of tuition that I am required to pay.

Parent / Guardian Signature

Date

Authorization for Release of Information from Hot Lunch Records for Scholarship/Financial Aid Program

I hereby authorize Cross Lutheran Food Service Department to share information regarding my children for the purpose of scholarship consideration.

Type of information shared will be family income level and child's name and birth date. This information will be kept strictly confidential.

I understand that this release will expire at the end of the current school year and is to be used only for the purposes stated above. I also understand that my child's eligibility status will not change because of my failure to allow the release of the information. I understand that copies of this document are as valid as the original.

Information shared will be kept as confidential as possible and limited to administrative review purposes only.

Child's Name: _____

Date of Birth: _____

Parent(s)/Guardian(s): _____

Address: _____

Signature: _____

Date: _____

Child's Name: _____

Date of Birth: _____

Parent(s)/Guardian(s): _____

Address: _____

Signature: _____

Date: _____

Child's Name: _____

Date of Birth: _____

Parent(s)/Guardian(s): _____

Address: _____

Signature: _____

Date: _____