

# Cross Lutheran School

200 Ruppert St., P.O. Box 50, Pigeon, MI 48755

Phone 453-3330 - Fax 453-3331

secretary@crosslutheranpigeon.org

## Tuition Request Form 2018 – 2019 School Year

Cross Lutheran School is committed to providing a 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. Therefore a fund has been established to assist those families that are financially burdened and are not able to pay school tuition fees in full. Below are a few questions that will help determine the financial amount to be awarded.

This application and information contained in it are kept confidential.

Do you have any unusual circumstances in your family that prevents you from paying your full financial commitment to the school? (Yes / No) If yes, please be specific about those circumstances.

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Family Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Children at Cross School (Please list using full name)

- |    | <u>Name</u> |
|----|-------------|
| 1. | _____       |
| 2. | _____       |
| 3. | _____       |

Do you have any other children that are not here at Cross? (Yes / No) If yes please list by full name and age.

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____

What amount of tuition assistance are you requesting? Please note, only 1/3 of the total tuition will be awarded. Any request beyond 1/3 total tuition will be forwarded to Cross' Executive Committee for review. \$ \_\_\_\_\_

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

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## **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 \_\_\_\_\_

Parents \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Child's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Parents \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Child's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Parents \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_