

Lutheran School Scholarship Form

Name of family: _____

Contact person: _____

Phone number: _____

Name of Child: _____

Name of School and address to send check to: _____

Yearly tuition fee: \$ _____

School Year for desired funds: _____

Grade of child: _____

The Council will meet and let you know what amount will be funded.

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The Council will meet and let you know what amount will be funded.

We have been informed about the scholarship program and that funding is based on availability. We understand the expectations for volunteerism and accept our God given responsibility as Christian parents to bring up our children in the Christian faith which includes frequent attendance in the Lord's House by all church members in the family and frequent attendance in Sunday School, as well as supporting the work of our congregation. We understand that the scholarship is reviewed yearly based on our meeting these criteria. Understanding our responsibilities, pledging our support, and agreeing to the same we desire the Lutheran School Scholarship for our child(ren). The completed Scholarship Form must be returned to Pastor Marks or Janice Mitchell by June 1, 2025.

Signature and date from both member parents

Signature and date from both member parents