

**MOUNT OLIVE EVANGELICAL LUTHERAN CHURCH
700 WESTERN STREET - ANOKA, MINNESOTA 55303**

**DAY SCHOOL STUDENT AID POLICY FOR GRADES 1 – 12
MISSOURI SYNOD SCHOOLS**

PURPOSE: To govern the administration of monies allocated toward the financial assistance of Mount Olive member families whose children are attending Lutheran Missouri Synod Day school, Grades one through 12.

QUALIFIED SCHOOLS: Lutheran Missouri Synod Day Schools that have been approved by the Scholarship Committee. This particular fund does NOT include existing or proposed Mt. Olive Day School.

QUALIFIES APPLICANTS:
Communicant Mt. Olive member families that desire to have their school age children attend Lutheran Missouri Synod Day School.

AMOUNT: The amount of aid provided will be determined by the Scholarship Committee based on available funds.

TERMS OF ASSISTANCE: Assistance will be provided for one school year only. A new application must be submitted for each new school year.

APPLICATION: This request for financial aid must be in writing and be mailed or given the Director of Christian Education. He will prayerfully discuss the request with the Pastor(s) and the Scholarship Committee.

If the request for financial aid is denied, the Director of Christian Education will write the requesting party(ies) explaining the reason(s) for the denial and the appeal process. The denial may be appealed to the Mission & Ministry Council. If the party(ies) are still dissatisfied with the decision of the Mission & Ministry Council, the decision may be further appealed to the Vision Assembly whose decision shall be final.

METHOD OF PAYMENT: Funds will be sent directly to the approved school to be credited to the applicant's account.

TERM OF FUND: Fund will exist, based on monies contributed and budgeted, until such time as a Mt. Olive sponsored Day School is established. If this should occur, additional money will not be accepted, and existing money will be disbursed according to the above policy, until the fund is depleted. The fund will not be re-established without the approval of the Vision Assembly

Dated this _____ day of _____ 20____ .

Name of School Student's Signature

School address Parent's signature

City, State, Zip Code Officer/Mt. Olive

Proposed 12-1-87
Presented to Voters' Assembly 1-26-88
Revised by Voters' Assembly 10-24-89
Revised by Voters' Assembly 1-26-93
Revised May 30, 2003 DT