

**REDEEMER LUTHERAN SCHOOL  
SCHOLARSHIP GRANT APPLICATION**

Office use only Federal Income Tax Return _____ Pay Stub _____
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Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Marital Status of parents/guardians:  Married  Separated  Divorced  Other  
 Widowed or otherwise single parent family

Employer/Occupation:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

**Family**

Names of Children	Age	Grade in School	School Currently Attending

**Financial**

(check one)

(check one)

Monthly Income	Before Deductions	After Deductions	Weekly	Monthly	Yearly
A. Husband					
B. Wife					
C. Welfare/Alimony/Other Support					
D. Social Security					
E. Unemployment					
F. Child Support					
G. Pension					
H. Public Assistance					
I. Other (Specify)					
J. Other (specify)					
K. Other (Specify)					

<b>Fixed Monthly Payments</b>					
A. House					
B. Auto					
C. Insurance					
D. Other (Specify)					
E. Other (Specify)					
F. Other (Specify)					

**1. Other**

- Please state specific problems or conditions which cause a need for financial assistance. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Please state any additional information you feel will assist us in our consideration of your need for assistance. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Please state the amount you feel you can pay each month. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parents Certification and Authorization**

We declare that the information on this form is to the best of our knowledge true, correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_