

Concordia Schools

Tuition Assistance

Application Deadline: May 15 *(Only completed applications will be considered.)*

Enclosed is an Application for Tuition Assistance for Concordia Schools. It is our goal to provide the opportunity for as many students as possible to have a Christian education. Therefore, a tuition assistance program has been established for families with limited resources who meet the established guidelines.

Attached are the guidelines for participation in our tuition assistance program. Please review the guidelines, sign the parent contract, and complete the Application for Tuition Assistance. Once all of the forms have been returned to the school office, the Executive Committee will review the documents and make their determination as to the amount of assistance we are able to offer.

This information will be held in the strictest of confidence. We promise to keep the terms and details of this assistance confidential and expect you do the same.

Process

1. The student must complete the enrollment process, pay the application fee, and be accepted as a student of Concordia Schools before applying for tuition assistance. As a returning student, the re-enrollment form and registration fee must be received before applying for tuition assistance.
2. The Application for Tuition Assistance and Tuition Assistance Agreement must be submitted to the Executive Committee for processing. A new application and agreement must be submitted every year since they are not automatically renewed from one year to the next. The Executive Committee will consider all applications and agreements received by May 15.
3. If a family's financial situation changes at any time during the school year to the extent that they no longer require all or part of the tuition assistance they are receiving, the family must notify the school.
4. To continue tuition assistance for the second semester of the school year, each family is required to submit a letter prior to January 15 stating their financial situation has not changed and that tuition assistance is still needed.

Instructions Continued on Page 2

Return application to:
Sylmar East Campus ~ L.A. Lutheran Middle & Senior High School
Concordia
13570 Eldridge Ave., Sylmar, CA 91342
(818)362-5861 www.lalutheran.org

Guidelines

1. Students registered for Grades K-12 are eligible to apply for tuition assistance.
2. Returning families must be current with their financial obligations to the school or tuition assistance will not be considered for the upcoming school year.
3. Each family receiving tuition assistance will be required to volunteer 20 hours of service to the school.
4. If a family receiving tuition assistance becomes more than two months delinquent in their payments, a special meeting will be held with the parents and the Executive Committee.
5. Each student receiving tuition assistance must maintain at least a C average in all classes per term. Students on academic or behavioral probation are not eligible for tuition assistance. Students who have more than nine unexcused tardies and/or five unexcused absences will be in jeopardy of losing their tuition assistance.
6. Multiple student discount rates would apply in calculating a student's tuition assistance package. All other fees and charges (such as day care, lunch, sports fees, etc) incurred by student's enrollment are the responsibility of the family.

Application for Tuition Assistance

Application Deadline: May 15 *(Only completed applications will be considered.)*

Date: ___ / ___ / ___

For School Year: _____

1. Provide example of student's character: Attach a statement describing your child(ren)'s character.
2. Please submit one letter of recommendation from a current teacher in a sealed envelope.
Teacher's name _____
3. Provide statement of financial need: Attach a statement explaining: (1) your current need, (2) how long you expect to need assistance, and (3) any other information relevant to your situation.
4. Attach a copy of your family's latest federal income tax return, Pages 1 and 2

Student Name: _____ Age _____ Grade _____

Cumulative Grade Point Average: _____

Student Name: _____ Age _____ Grade _____

Cumulative Grade Point Average: _____

Student Name: _____ Age _____ Grade _____

Cumulative Grade Point Average: _____

Student Name: _____ Age _____ Grade _____

Cumulative Grade Point Average: _____

Permanent Address

(Street) (City & Zip)

Church student attends _____

Resides with Parent/Guardian _____ Primary Telephone: ()-_____

Father's (or Guardian's) Name _____ Primary Telephone: ()-_____

Address _____ City _____ Zip _____

Occupation _____ Employer _____

Years employed at current job _____

Mother's (or Guardian's) Name _____ Primary Telephone: ()-_____

Address _____ City _____ Zip _____

Occupation _____ Employer _____

Years employed at current job _____

Who is financially responsible for the student's tuition and fees? _____

Total amount of tuition for the upcoming school year \$ _____

What is the monthly amount you feel you can pay for tuition? _____

FINANCIAL ASSETS:

What is your TOTAL family income (including wages of all working family members, welfare payments, pensions, social security payments, and all other income) at present?

Total Annual Income \$ _____ How many people are dependent upon this income? _____

FAMILY PROPERTY:

Does your family own ____ or rent ____? House _____ Condo _____ Apartment _____

What is your monthly mortgage or rent? \$ _____ Mortgage Balance \$ _____

Other properties owned

Automobiles:

Year, Make, and Model	Monthly Payment	Balance Due
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Other financial obligations for family (loans, living expenses, monthly bills, etc.) Be Specific

Debtor	Monthly Payment	Balance Due
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that my service hours will be reviewed each semester to determine if tuition assistance will continue for the next semester. To the best of my knowledge, the information I have provided is complete and accurate.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

For School Use Only

(Action Taken)

Application: Award Made Denied Date: _____ / _____ / _____

Amount of Award: \$ _____

Scholarship Awarded: _____ Date Applicant Notified: _____ / _____ / _____

Reason for Denial _____

Letter of Recommendation Request Tuition Assistance

A minimum of a two-week notice is required. Completed applications are due May 15.

Date _____

Dear _____,
(Name of Teacher)

Please write a letter of recommendation for:

Name of Student _____

Thank you,

Name of Parent/Guardian

Signature