

LUTHERAN HIGH SCHOOL

3500 West Washington
Springfield, IL 62711-7923
(217) 546-6363
Fax: (217) 546-6489

APPLICATION FOR FINANCIAL ASSISTANCE FORM B

(submit with a copy of IRS 1040 AND LHS Form A)

STUDENT: _____	PARENT: _____	DATE: _____
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ASSETS	CASH OR MARKET VALUE	LIABILITIES	MONTHLY PAYMENT	BALANCE/ OWING
Approx. cash on hand & in bank		Mortgage (home)		
Stocks or Bonds		Rent (home/apartment)		X
Cash value of life insurance		Utilities		X
Vested Interest in Retirement Fund		Second mortgage or home equity loan		
Real Estate Owned (Home)		Loans: auto		
Other Real Estate Owned		Loans: other		
Net Worth of Business Owned		Credit Cards (average)		
Value of Auto(s) owned (Include year./make/model)		Alimony/ Child support that you pay		X
Other assets (include personal property, boats, campers, jewelry, etc.)		Job related expenses (child care, union dues, etc.)		X
TOTAL ASSETS:		Other liabilities		
If you are entitled to receive alimony or child support, list annual amount:		TOTAL MONTHLY PAYMENTS:		X

Are you currently a co-signer on any loan? If so:
 Loan balance _____ Monthly payment _____

Homeowner's Insurance: _____
 Do you escrow taxes & insurance? Yes / No
 Property Taxes: _____

TOTAL LIABILITIES _____

SIGNATURE: _____

SECOND SIGNATURE (if appropriate): _____

(submit with a copy of IRS 1040 AND LHS Form B)

STUDENT LAST NAME	Approval Initials	Date	Grant \$	Code #
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(for office use only)

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**APPLICATION FOR FINANCIAL ASSISTANCE
 FORM A**

(submit with a copy of IRS 1040 AND LHS Form B)

NOTE: Funds available for financial aid are very limited. Submission of an application does not guarantee the receipt of assistance. Only one form per family is needed.

I. Name of LHS student(s):

1. _____
2. _____
3. _____

II. Name of person(s) responsible for payment of LHS tuition: _____

What percentage of tuition are you responsible for? _____ %

NOTE: 1) If the responsibility is shared jointly with your spouse, enter 100%
 2) If another party is responsible for a portion of the tuition (e.g. Grandparent, ex-spouse) enter the percentage you are responsible for. The other party may also apply for aid. Financial Aid will be prorated accordingly.

THIS INFORMATION IS TO BE COMPLETED FOR THE PERSON IN "II" ABOVE. IF THE GUARDIAN HAS REMARRIED, THE NEW SPOUSE'S SALARY IS TO BE INCLUDED IN THE FAMILY INCOME.

III. Full Name _____
 Relationship to student _____
 Address _____
 City _____ State _____ Zip _____
 Occupation _____
 Employer _____

Combined annual gross salary, wages, tips \$ _____

Number of people living on this income _____

All other income (include disability benefits, AFDC, child support, & other untaxed income) \$ _____

If you receive a housing allowance in addition to the gross salary, write down the amount \$ _____

(PLEASE TURN OVER)

IV. Special Expenses

OTHER SCHOOL TUITION COMMITMENTS:

Estimated
family contribution for
tuition, room and board:

Student Name	School	Estimated family contribution for tuition, room and board:
COLLEGE, ETC.		
ELEMENTARY/PRESCHOOL (Christian or Non-public)		

UNREIMBURSED MEDICAL EXPENSES (explain):

V. Certification

I/we certify that the information provided on this application is true and complete to the best of my/our knowledge. I/we consent to authorized LHS personnel contacting institutions listed herein to verify statements made, if necessary.

I/we have attached a copy of my/our most recent tax return.

Signed _____ Date _____

Signed _____ Date _____