



407 S. Main Concordia, MO 64020 660-463-7654

St. Paul's Lutheran Church and School is committed to the principle that no child should be denied a Christian education based solely on financial grounds. Taking into consideration your blessings from God, please evaluate your family's financial situation before using this form and then fill out all 3 pages completely. We cannot process your application unless we have all the forms and necessary attachments.

Name of student(s) _____ Grade _____

Financially Responsible Person

Check one: Father Mother
 Stepfather Stepmother
 Other: _____

Other Responsible Person

Check one: Father Mother
 Stepfather Stepmother
 Other: _____

Name: _____
 Address: _____
 City/State/Zip: _____
 Social Security #: _____
 Cell Phone #: _____
 Home Phone #: _____
 Occupation/Title: _____
 Employer: _____
 Church Membership: _____

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Financial Aid will be based upon the desire and commitment for Christian education, financial eligibility, and financial resources available to the school at the time of application.

I have read, understand, and agree to the Admissions Policy and verify that the enclosed information is as accurate and honest as possible.

Signature: _____
 Signature: _____

Date: _____
 Date: _____

Financial Aid Committee Evaluation Form

As an applicant for financial aid assistance from St. Paul's Lutheran School, 407 South Main Street, Concordia, Missouri 64020, we will need the following information to effectively evaluate your family's financial picture and grant an amount of financial aid that fairly represents your financial abilities. Please fill in the following information and return it to the school office by September 1.

Family Name of Responsible Parent(s) or Guardian(s):

Family Name of Student(s) if different from above:

Current Marital Status:

Married Divorced Re-married Other (explain below)

Please list all sources of income and attach current pay stub OR previous year tax form:
(we will not be able to process your application without verification of income)

Describe your current family dynamics (number of children, how many attending St. Paul's Lutheran School or St. Paul Lutheran High School, etc.)

How long has(ve) your child(ren) attended St. Paul's and what are your future plans?

(over)

What unique or special circumstances about your family or child should we know (example: home-schooled, recently lost job, family crisis, medical bills, etc.)

Is there any other information that you wish to share with the Financial Aid Committee as they consider your application?

Please be sure you have submitted the following (we cannot process your application unless we have all of these forms):

- Application for Financial Aid (filled out and signed)
- Letter stating why you wish for your children to attend St. Paul's Lutheran School, reasons for applying for financial aid, and the amount needed.
- Completed Free and Reduced Application (if filled out)
- This Committee Evaluation Form (filled out and signed)
- Current pay stub OR previous year tax form

I have read and completed all the necessary forms and understand that the Financial Aid Committee and Lutheran School Board of St. Paul's Lutheran School can only grant eligible financial resources available to the school.

Parent(s) or Guardian(s) Signature and Date:
