



KING OF GLORY SCHOOL Scholarship Application Statement

King of Glory School will consider providing Financial Aid for families of students who are experiencing financial difficulties or other unusual circumstances. Families may request up to 50% of yearly tuition.

Please complete this form and return it to the Preschool Director. All information will be kept confidential and will be viewed only by the Preschool Director and the Pastor of King of Glory Lutheran Church.

Child's Name _____ Date _____

Program _____

PARENT INFORMATION

Mother's Name _____ Phone _____

Address: _____ City _____ Zip _____

Father's Name _____ Phone _____

Address: _____ City _____ Zip _____

- ◆ Are you a member of King of Glory Lutheran Church? Yes No
- ◆ Number of wage earners in the family _____ Number of children at home _____
- ◆ Do your children attend public school? Yes No
- ◆ Amount of aid requested for this school year \$ _____
- ◆ Please outline your specific reasons for requesting financial assistance.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

You may be requested to provide your Federal Tax Return for the latest complete tax year for both parents and (if applicable) any other person who claimed the student as a dependent.