

# Application for Financial Assistance for Hispanic Children attending Lutheran School or Preschool



## Important Information

- This application is to be completed by the Parent or Guardian of the student attending. Use a separate application for each student.
- In the space provided (#3 below), explain the reason this student is in need of financial assistance and any special circumstances that pertain to that need. This section must be completed.
- The policy of Iowa District West Missions is to award a maximum of 25% of the tuition fee. Please apply only for the assistance genuinely needed.
- Families and congregations are to have primary financial responsibility. Please indicate the amount the congregation is able to contribute. District assistance is intended to supplement the family's and local support.
- Send the completed application by July 9, 2012 to:

**Missions Department  
Iowa District West, LCMS  
409 Kenyon Road, Suite B  
Fort Dodge, IA 50501**

## Applicant Information (please print or type)

Date of Application \_\_\_\_\_  
Name of Student \_\_\_\_\_  
Parent(s)/Guardian \_\_\_\_\_  
Home Congregation \_\_\_\_\_ City \_\_\_\_\_

## Financial Need (fill out completely)

- 1) Please indicate the school the student will attend: \_\_\_\_\_
- 2) Cost of the Tuition: \$\_\_\_\_\_ Amount the congregation is able to provide: \$\_\_\_\_\_  
Amount of assistance requested: \$\_\_\_\_\_
- 3) Explanation of the need/special circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Signature of Principal or Preschool Director: \_\_\_\_\_

\*\*\*\*\* Office Use \*\*\*\*\*

District Executive's Signature: \_\_\_\_\_ Amount Awarded \$\_\_\_\_\_