



HOLY TRINITY

Lutheran Ministries

Growing in Christ...Serving with Hope

Holy Trinity Lutheran Ministries has a Tuition Assistance Fund to aid families in need with the cost of tuition. Families receiving this financial assistance are not exempt from paying registration and other school fees (supply fee, before and after care etc). Tuition Assistance will cover only a portion of the tuition and the total dollar amount of assistance to be awarded is limited based on the availability of funds in the Tuition Assistance Fund.

Families applying for tuition assistance for the 2024-2025 school year must meet certain requirements:

- 2023-2024 tuition and all fees, which include registration, supply, before and after care, must be **current**. Anyone with an outstanding balance will not be considered for future tuition assistance.
- 2024-2025 enrollment fee must be paid.
- Complete the attached *Tuition Assistance Application* and return it to the school office in a sealed envelope.
- All 2023-2024 tuition and fees must remain current throughout the remainder of the school year.
- Compliance with eligibility requirements will be reviewed each semester, and noncompliance can result in the termination of tuition assistance.

All information provided with the *Tuition Assistance Application* will be held in the strictest confidence. Families applying for tuition assistance will be notified in writing if tuition assistance is approved and the amount.

Yours in Christ,

Holy Trinity Lutheran Ministries

Holy Trinity Lutheran Ministries Tuition Assistance Application Form 2024-2025 School Year

Student's Name: _____ **Date of Birth:** _____

Additional Student's Name: _____ **Date of Birth:** _____

Mailing Address: _____

Primary Applicant (Parent or Legal Guardian):

Name _____ Telephone # _____

Relationship _____ Address _____

Does the child(ren) who will benefit from assistance reside at this address? Yes or No

Job Title _____ Employer _____

Work Telephone # _____

Secondary Applicant: (Other Parent, Legal Guardian, or Adult involved with the care of the child/ren):

Name _____ Telephone # _____

Relationship _____ Address _____

Does the child/children who will benefit from assistance reside at this address? Yes or No

Job Title _____ Employer _____

Work Telephone # _____

All children residing in Primary and Secondary Applicant's residence(s):

Child's Name	Birth date	Attends HTLS	Present Grade
(1) _____	_____	Y or N	_____
(2) _____	_____	Y or N	_____
(3) _____	_____	Y or N	_____
(4) _____	_____	Y or N	_____

1. Children live with: Both parents Father Mother Other _____ (Please explain)

2. Please select the best description of your living circumstances:

Living with others Renting Home Owner Other _____ (Please explain)

3. Numbers of persons in your household _____ Number of dependents _____

Have you paid the Enrollment Fee(s) for the 2024-2025 school year? Yes or No

Do you currently have an outstanding balance with HTLM for tuition, fees, or other charges?? Yes or No

Our family has received tuition assistance from HTLM for the past _____ (number) years.

Please add any other information below that you feel would be beneficial to the committee in evaluating your application. (If you prefer you may type this information and attach it to this application form.)

****If there is a certain amount or percentage you would like to request or can afford monthly, please clearly describe below.***

We agree that the information on this application is true to the best of our knowledge. Holy Trinity Lutheran Ministries has our permission to verify any of the above information and to use it to determine tuition assistance.

Primary Applicant's Signature _____ Date _____

Secondary Applicant's Signature _____ Date _____

Application due by May 1, 2024
Notifications will be sent out before July 1, 2024
