

**ST PAUL LUTHERAN SCHOOL**  
**750 Depot Street**  
**Manawa WI 54949**

**FINANCIAL ASSISTANCE POLICY**

St Paul Lutheran School may give financial aid to parents of students currently enrolled in the school. The amount of financial aid varies each year based on the amount of money available in the fund. Applications must be submitted prior to the beginning of the school year.

Any information supplied that is pertinent to a family's financial application is kept in strictest confidence and is viewed only by those responsible for making an award determination. The board recognizes that this is extremely sensitive information.

**A. Criteria for receiving financial aid:**

1. No outstanding tuition or bills with the school.
2. Maximum assistance granted will not exceed 75% of the tuition/fees, based on individual need.
3. Ten hours of approved volunteer activities is suggested throughout the school year.
4. Order of preference for distribution of financial aid monies is as follows:
  - a. Members of St. Paul Lutheran Church
  - b. LCMS members
  - c. Community members

**B.** Failure to meet the criteria will result in loss of financial aid and the family will be billed for the amount.

**C.** Written notification of assistance will be sent to all families who have applied for financial aid.

(revised 1-14-15)

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(920.596.2815)

To receive consideration for financial aid, you must complete this form and **attach a copy of your previous years Tax Form 1040**. These forms should be submitted to the Principal prior to **JULY 1, 2024** for the 2024-2025 school year. After receipt and review of the financial aid application, you will receive written notification of assistance.

Name of Child(ren) \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade Child(ren) Will Enter This School Year \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Father \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Mother \_\_\_\_\_

Employer (Father) \_\_\_\_\_ Employer (Mother) \_\_\_\_\_

Number of Adults in Household \_\_\_\_\_ Number Employed \_\_\_\_\_

Number of Children \_\_\_\_\_

Total Family Income Last Year Before Taxes \$ \_\_\_\_\_

Total Family Income Anticipated This Year \$ \_\_\_\_\_

Amount of Financial Aid Requested \$ \_\_\_\_\_

Please state circumstances in the family that should be taken into consideration as this aid application is evaluated.

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