



PILGRIM LUTHERAN SCHOOL



2020-2021 MEMBER TUITION ASSISTANCE FUND APPLICATION

Qualifications – Any student at Pilgrim Lutheran School whose parent or legal guardian is not a member of Pilgrim Lutheran Church or any of its Sister Congregations..

Instructions:

1. Complete and sign this application in accordance with the date requirements below.
2. Complete the attached Household Gross Income Verification form & Essay form
3. Applications must be submitted to the Pilgrim Scholarship Committee by the dates listed to be considered for a scholarship:
 - Fall awards November 1
 - Winter awards February 1
 - Spring awards May 1

One application is effective for all three award periods.
4. Applications expire after the spring award period. New applications will be available in June.

1) Student Name: _____
 Last First Middle Grade

2) Student Name: _____
 Last First Middle Grade

3) Student Name: _____
 Last First Middle Grade

Parent/Guardian Name(s): _____
 Last First M.I.

This information will be held in the strictest confidence.

The Pilgrim Scholarship Committee may ask for more information before a final decision is made.

I verify that the information given in this application is true and accurate. A scholarship is requested for the benefit of the above named student(s) to reduce the tuition burden for my family.

Signature of Parent/Guardian: _____ Date: _____

TOTAL HOUSEHOLD GROSS INCOME

Column 1 – Name: List the full name of each person in your household. This includes yourself, spouse, children, relatives, and all other people who live with you full time. Attach an additional sheet if necessary

Column 2 – Gross income and how often it is received: For each household member, list each type of income received last month and how often the money is received (weekly, every other week, twice a month or monthly).

- Earnings from work before deductions: List the Gross Income* (not take-home pay) and how often it is received.

**Gross income is the amount earned before taxes and other deductions. This figure can be found on your pay stub.*

- Welfare, child support, and alimony:** List how much and how often it is received.
- All other income:** This includes Worker’s Compensation, unemployment benefits, strike benefits, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, net income from a self-owned business, farm, or rental property, all ALL OTHER INCOME. Note: If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Column 3 – Check if no income: Please check this box if household member does not have any income.

TOTAL HOUSEHOLD GROSS INCOME – You must tell us how much and how often					
GROSS INCOME AND HOW OFTEN IT IS RECEIVED					
NAME (List full name of all household members including yourself, spouse, children, relatives, and all others who live with you and their relationship to you)	Earnings from work before deductions	Welfare, Child Support, Alimony	Pensions, retirement, Social Security, SSI, VA benefits	All other Income	CHECK IF NO INCOME
(Example) Jane Smith	\$199.9/weekly	\$149.99/every other week	\$99.99/monthly		
SIGNATURE (ADULT MUST SIGN):					

An adult household member must sign the application

I certify (promise) that all information on this application is true and that all income is reported

Signature: _____

Print Name: _____

