



**FINANCIAL AID APPLICATION
2017-2018**

Applicant's Name _____ Grade in 2017-2018 _____
 Applicant's Name _____ Grade in 2017-2018 _____
 Applicant's Name _____ Grade in 2017-2018 _____
 Applicant's Name _____ Grade in 2017-2018 _____

By March 15 Submit Parents' Financial Statement (PFS) to School and Student Service (SSS).
By March 30 Submit this form and all other required paperwork to the Saint Mark Lutheran School office.

Father/Guardian #1

Last Name: _____ First: _____ Middle: _____
 Mailing Address: _____ City: _____ State: ____ Zip Code: _____
 Occupation: _____ Place of Employment: _____
 Business Address: _____ City: _____ State: ____ Zip Code: _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
 Parent Status: __ Biological Parent __ Step Parent __ Legal Guardian __ Adoptive Parent __ Other

Mother/Guardian #2

Last Name: _____ First: _____ Middle: _____
 Mailing Address: _____ City: _____ State: ____ Zip Code: _____
 Occupation: _____ Place of Employment: _____
 Business Address: _____ City: _____ State: ____ Zip Code: _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
 Parent Status: __ Biological Parent __ Step Parent __ Legal Guardian __ Adoptive Parent __ Other

Marital Status: __ Married __ Separated __ Divorced __ Single __ Never Married __ Widowed

Applicant resides with: _____

Estimated maximum amount you can afford to pay annually towards Saint Mark Lutheran School tuition \$ _____ per child.

With my signature below, I declare that to the best of my knowledge and belief all information included on this application and all of the supporting documents is true, correct, and complete.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____