



FINANCIAL AID APPLICATION 2024-2025

Applicant's Name _____ Grade in 2024-25 _____
Applicant's Name _____ Grade in 2024-25 _____
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Applicant's Name _____ Grade in 2024-25 _____

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.

In addition to Saint Mark's financial assistance, indicate all other assistance you are seeking or plan to seek:

Preschool Open Doors	YES or NO
Child Care Connection Hawaii	YES or NO
Kamehameha Schools Pauahi Keiki Scholars Scholarship (must be native Hawaiian)	YES or NO
Kamehameha Schools Kipona Scholarship (must be native Hawaiian)	YES or NO
Kamehameha Schools & Saint Mark K-8 Community Collaboration (must be native Hawaiian)	YES or NO
Any other financial assistance	YES or NO
If YES, please explain: _____	

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: _____