



FINANCIAL AID APPLICATION 2026-2027

Applicant's Name _____ Grade in 2026-27 _____

By March 30 Submit Parents' Financial Statement (PFS) to School and Student Service (SSS).
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 Kahapua'ohai Scholarship (previously known as Pauahi Keiki Scholars Scholarship)	YES or NO
Kamehameha Schools Kipona Scholarship (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: _____