Saint Mark Lutheran School
KĀNE'OHE, HAWAI'I

Please return the completed application to:
Saint Mark Lutheran School
45-725 Kamehameha Highway
Kane'ohe, HI 96744

FINANCIAL AID APPLICATION
2027-2028

Applicant's Name _____ Grade in 2027-28 _____

Applicant's Name _____ Grade in 2027-28 _____

Applicant's Name _____ Grade in 2027-28 _____

Applicant's Name _____ Grade in 2027-28_____

By March 30 Submit Parents' Financial Statement (PFS) to School and Ravenna Financial Aid (formally 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 <u>pay annually</u> 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 and/or Child Care Connection Hawaii YES or NO
Kamehameha Schools Kahapua`ohai PK Scholarship (previously known as Pauahi Keiki Scholars Scholarship) YES or NO
Kamehameha Schools Kipona Scholarship (must be native Hawaiian) YES or NO
Military Child Care in Your Neighborhood (MCCYN) and/or Child Care Aware (must be military or DOD) 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:_____