

**Alpine Academy  
Financial Assistance Request**

Family Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Name of Child	D.O.B.	Grade Entering
1.		
2.		
3.		

**Other Children in the Family**

Name	Age	School	Grade

**Parents' Information**

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone \_\_\_\_\_

Are you a member of Alpine Lutheran Church    Yes    No

**Student applicant lives with and is financially supported by:**

Mother and Father	Mother only	Father only
One parent and a step parent		A legal guardian
A single parent no financial support from another individual		

**Financial Information:**

Family size
How many of your children attend schools where tuition payment is required?
What is the total amount you pay in tuition payments for these children?
Monthly income total
Monthly liabilities total
Total annual income

Please in brief details explain why you are applying for financial assistance for the upcoming school year. For example, describe special circumstances related to health, employment, etc.

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Please provide your latest tax return for verification of annual income.

I/We declare that the information reported on this application, to the best of our knowledge and belief, is true, correct, and complete.

Signature of person responsible for tuition: \_\_\_\_\_