



Confidential

Good Shepherd Lutheran School
FINANCIAL ASSISTANCE APPLICATION

Dear Parent,

As an applicant for financial assistance, we ask that you complete the attached application and financial statement. Your completed form will be reviewed and you will be notified in writing of the Financial Aid Committee's decision.

Financial Aid Policy

GSLs provides financial assistance to K-8 families with short-term financial need in order to promote a more diverse student body and to avoid disruption to students when families experience financial difficulty. Financial assistance is granted for tuition only; you are required to pay all other fees (registration, enrollment, field trips, etc). Please refer to the Parent Handbook, Enrollment Agreement for more information on financial aid. Please understand that financial aid is based on a family's need each year and your application only applies to one school year.

General Information

You are asked to demonstrate your financial need by completing the following application. The Financial Aid Committee will allocate available funds based on the relative financial need of each applicant. Complete and clear information provided on this application will better assist the Committee to make informed and appropriate decisions regarding financial assistance.

As a condition of receiving financial aid you must advise GSLs as soon as possible if there is a change in your financial situation and you no longer require financial assistance. You must remain current with all payments due to the school in order to continue to receive financial aid.

Incomplete applications will not be reviewed and will be returned. Please add additional pages if necessary to provide complete information to the committee.

The information contained in this application will be held private and confidential.

Please place your completed application in a sealed envelope marked "Confidential" and mail or deliver to:

*Financial Aid Committee
Good Shepherd Lutheran School
1180 Lynwood Drive
Novato, CA 94947*

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**Good Shepherd Lutheran School
FINANCIAL ASSISTANCE APPLICATION FORM**

Student Name(s): _____ Grade: ____
_____ Grade: ____
_____ Grade: ____
_____ Grade: ____

(As of the beginning of the school year for which aid is being requested.)

Parent Names: _____

Address: _____

Phone: _____ email: _____

Member of Good Shepherd Lutheran Church: Yes: ____ No: ____

Mother's Employer / Job Title: _____

Father's Employer / Job Title: _____

Siblings name/age/school: _____

Amount of Monthly Tuition Assistance Requested: \$ _____

Length of Time Assistance is needed: ____ months **Start Date:** _____

Please describe your family's special circumstances and why financial aid should be granted: (Attach additional sheets if necessary).

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FINANCIAL STATEMENT

Parent Name(s): _____

Student Name(s): _____

ASSETS	
Cash on hand in banks	\$
Value of Business Owned	\$
Stocks and Bonds	\$
Value of Real Estate Owned	\$
Value of Automobiles (include year and make)	\$
	\$
Other Assets (Itemize) (IRA, Educational Funds, etc.)	\$
	\$
	\$
	\$

LIABILITIES	
Monthly Mortgage Payment or Monthly Rent (principal residence)	\$
Mortgage Balance owed	\$
Other Monthly Mortgage Payments	\$
Monthly Auto Payments	\$
Notes Payable	\$
Other Liabilities (Itemize) (Child support, alimony)	\$
	\$
	\$
	\$

INCOME (annual)	
Salary: Gross	\$
Salary: Net	\$
Dividends and Interest	\$
Bonus & Commissions	\$
Real Estate Income	\$
Other Income (Itemize)	\$

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Financial Assistance from other sources	\$
	\$
Total Income	\$
Total Income (from IRS form 1040 line 37 or 1040EZ line 4)	\$

EXPENSES (annual)	
Property Taxes, HOA dues	\$
Utilities	\$
Insurance	\$
Medical	\$
Food	\$
Clothing	\$
Entertainment/Vacations	\$
Charitable Contributions	\$
Other Expenses (please itemize)	\$
Total Expenses	\$

Are you or any children in your home enrolled in another private school or involved in classes, lessons, activities, fitness clubs, etc., which require payment? Yes _____ No _____
 If yes, please indicate the nature of the expense and the monthly cost of each.

Name of participant	Activity	Monthly Cost

The undersigned certifies that this information is true and correct. If there is a change in the financial situation of the undersigned and financial assistance is no longer required, the undersigned will advise GSLS as soon as possible.

Father's Signature: _____ Mother's Signature _____
 Printed Name: _____ Printed Name: _____
 Date: _____