

**“TAP”  
Tuition Assistance Program Application**

Please fill out this form as completely as possible. You will be notified as soon as a decision has been made as to how much aid you will receive. The amount of aid depends on the number of applicants and the amount of funds available.

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

Name of Children: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Immanuel Member    \_\_\_\_\_ Rost Member    \_\_\_\_\_ St. Peter Member

\_\_\_\_\_ Other Church Member

Annual Family Income: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone number: \_\_\_\_\_

----- Office Use Only -----

Amount of aid granted: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_