

**“Raise the Roof”
Tuition Assistance Application**

Please fill out the 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: _____