



St. John Lutheran
School

CARE GRANT APPLICATION INFORMATION

2020 - 2021 "CARE" GRANT INFORMATION

St. John Lutheran School has established a "grant-in-aid" fund to assist families with the tuition associated with sending their child to St. John Lutheran School for preschool and Kindergarten – 8th grade. The program is entitled "CARE" because of our belief in providing a Christian education for all students of families desiring to enroll in the school.

FOR YOUR INFORMATION:

1. Grant applications are due by **May 22, 2020**. Applications received by the due date will be considered before applications received after the date. Exceptions may be made at the discretion of the principal and Board of Christian Day School.
2. Applications must be completed in full, including:
 - a) listing total family gross income
 - b) attaching a copy of the previous year's Income Tax form
 - c) listing how much the family believes it will be able to contribute
 - d) identifying the names and programs of the children who will be enrolled at St. John
2. Grants are approved for only "Family Fees" or "Tuition". They do not apply to Application Fees, Lunch Fees, or Tigers' Den Fees.
3. The Board of Christian Day School after consultation with the principal shall approve, revise, or deny application requests at the **June 2020 Board meeting**.
4. Awards will be given according to need and availability of funds on or before July 15 each year. Exceptions may be made at the discretion of the principal and Board of Christian Day School.
5. All families applying for a Care Grant with students entering Kindergarten – 8th grade must apply for the State of Ohio ED CHOICE Scholarship.
6. **ALL CARE GRANT RECIPIENT FAMILIES ARE ASKED TO GIVE 10 HOURS OF VOLUNTEER "SERVICE" TIME DURING THE SCHOOL YEAR.**

**St. John Lutheran School
655 Wayne Ave.
Defiance, OH 43512
419-782-1751**

CARE Grant Application Form

Name: _____

Address _____

Telephone _____

Occupation: Father _____ Mother _____

Names of Children to be enrolled:	Grade or Program
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_____	_____
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_____	_____
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_____	_____
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Applied for ED CHOICE _____ Yes _____ No Date _____

Total yearly Gross Family Income as reported on Income Tax Form \$ _____

Member or Non-Member Tuition _____

Attach a copy of most recent Income Tax form must be attached to the application.

What are you able to pay toward tuition and fees each month? \$ _____

Please list your reasons for desiring a Lutheran Christian education for your child and requesting this grant.

Head of Household Signature Date

* * * * *

(For Office use only. Do not write in this space)

Date Received _____

Total tuition or Family Fee for the year \$ _____

Total Family will pay for year \$ _____

Total Amount of Grant request for the year \$ _____

SJL Limits \$ _____

___ Approved

___ Denied

Date _____

Bd. Representative Signature

Principal Signature