

St. John's Ev. Lutheran School

42685 County Road 12 – Nodine  
Dakota, MN 55925  
507-643-6440 stjohsnodine.org

Tuition Grant / Scholarship Application

Date \_\_\_\_\_ **School Year** - \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

Student name(s) and Grade \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sibling's names and ages \_\_\_\_\_

\_\_\_\_\_

- 1) Briefly describe your current circumstances and any financial information that will assist the Youth Discipleship Committee in evaluating this request. Your privacy will be maintained.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Amount of tuition assistance requested \$ \_\_\_\_\_

3) The above information is accurate and complete.

Parent(s) Signature

\_\_\_\_\_

Please return application to St. John's School office by **June 1**

Your application will be reviewed by the Youth Discipleship Committee and you will be contacted after the June meeting.

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Amount Approved \$ \_\_\_\_\_ Date \_\_\_\_\_

Signed (Youth Discipleship Chairman) \_\_\_\_\_