
Michigan Lutheran High School

"CHRIST-CENTERED LEARNING FOR CHRIST-CENTERED LIVING"

TUITION ASSISTANCE APPLICATION

FAMILY NAME: _____

NAMES OF CHILDREN ENROLLED AT MLHS

GRADE IN 2025-2026 SCHOOL YEAR

FATHER: _____

MOTHER: _____

GUARDIAN (IF DIFFERENT FROM ABOVE) _____

FATHER'S OCCUPATION _____ EMPLOYER: _____

ANNUAL GROSS INCOME _____

MOTHER'S OCCUPATION _____ EMPLOYER: _____

ANNUAL GROSS INCOME _____

DO YOU OWN YOUR OWN BUSINESS? _____

OTHER INCOME (TAXABLE AND NONTAXABLE) _____

COMBINED GROSS INCOME _____

PLEASE ATTACH A COPY OF YOUR MOST RECENT TAX FORM 1040

ESTIMATED MONTHLY EXPENSES _____

DO YOU HAVE A CHURCH HOME? YES _____ NO _____

CHURCH NAME/CITY _____

TO WHAT EXTENT IS YOUR HOME CONGREGATION WILLING TO FINANCIALLY SUPPORT YOUR CHILD'S CHRISTIAN EDUCATION AT MLHS?

HAVE YOU EXPLORED OTHER SOURCES TO ASSIST YOU WITH YOUR TUITION LIABILITY AT MLHS (LOANS, FAMILY, ETC.) AND IF SO, TO WHAT EXTENT WILL THESE SOURCES ASSIST?

PLEASE SHARE YOUR REASONS FOR REQUESTING AID ALONG WITH ANY SPECIAL CIRCUMSTANCES. (IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH IT TO THIS APPLICATION)

HOW MUCH TOTAL TUITION ASSISTANCE ARE YOU REQUESTING FROM MLHS? (PLEASE NOTE THAT MLHS MAY NOT BE ABLE TO ACHIEVE THE TOTAL AMOUNT NEEDED) ___\$_____

FATHER'S (GUARDIAN) SIGNATURE: _____ DATE _____

MOTHER'S (GUARDIAN) SIGNATURE: _____ DATE _____

***ALL INFORMATION ON THIS FORM IS FOR THE MICHIGAN LUTHERAN HIGH SCHOOL TUITION ASSISTANCE COMMITTEE ONLY AND WILL BE KEPT STRICTLY CONFIDENTIAL**

***RETURN THIS FORM TO THE SCHOOL OFFICE IN A SEALED ENVELOPE TO MR. HERBST'S ATTENTION.**

***APPLICATIONS WITHOUT COMPLETED ATTACHMENTS WILL BE UNABLE TO BE PROCESSED**

DUE DATE MAY 31, 2025

FOR OFFICE USE ONLY

TUITION ASSISTANCE AMOUNT APPROVED _____ DATE _____

TOTAL TUITION DUE _____

COMMITTEE SIGNATURE