

STUDENT FINANCIAL AID APPLICATION FORM

IMMANUEL LUTHERAN HIGH SCHOOL (ILHS)

2017-2018 SCHOOL YEAR

Parent/Guardian Name: _____

Student(s) Information:

Student Name: _____ Year in School Fr So Jr Sr

Student Name: _____ Year in School Fr So Jr Sr

Student Name: _____ Year in School Fr So Jr Sr

The following are the preliminary expenses, approved by the Board of Regents for ILHS 2017-2018 (final amounts determined in April 2017):

Tuition	\$3,700
Activity Fee	\$500
Room & Board	<u>\$3,500</u>
Total	\$7,700

Type of Financial Assistance Requested

Provide the indicated information for each type of SAF Assistance requested.

Work-Study:

Student Name _____ Social Security # _____ DOB _____

Student Name _____ Social Security # _____ DOB _____

Student Name _____ Social Security # _____ DOB _____

Student Loan:

Parent/Guardian Social Security # _____

Home Address: _____

City/State/Zip Code: _____

*The maximum requested loan amount is: \$5350 per resident student
\$2950 per non-resident student

Student Name _____ Requested Loan Amount _____

Student Name _____ Requested Loan Amount _____

Student Name _____ Requested Loan Amount _____

Signed: _____
Parent/Guardian (Responsible Person) Date

See reverse side to apply for Family Multi-Student Grant

Family Multi-Student Grant:

Names of family member students attending Immanuel Lutheran High School and College for the 2017-2018 school year

Family Financial Data Statement:

2016 PARENT/GUARDIAN (Responsible Person) INCOME

from IRS adjusted gross income, tax form 1040 - line 37, or 1040EZ - line 4 \$ _____

2016 Family Exemptions from IRS form 1040 - line 6d _____

List any extraordinary financial situation you wish to have considered. *(not required)*

APPLICATION DEADLINE IS MAY 1, 2017

Send application to:
General Business Office
Immanuel Lutheran College
501 Grover Road
Eau Claire, WI 54701-7134

If you have any question please contact:
James Sandeen at (715) 836-6622 or jim.sandeen@ilc.edu

