STUDENT FINANCIAL AID APPLICATION FORM

IMMANUEL LUTHERAN HIGH SCHOOL (ILHS) 2021-2022 SCHOOL YEAR

Parent/Guardian	Name:			
Student(s) Inform	nation:			
Student Name:		Year in Sch	nool <u>Fr So Jr Sr</u>	
Student Name:		Year in Sch	nool <u>Fr So Jr Sr</u>	
Student Name:		Year in Sch	nool <u>Fr So Jr Sr</u>	
_	-	ary expenses, approved by the determined in April 2021):	Board of Regents f	
Tuition Activity Fee Room & Board Total	\$3,900 \$600 <u>\$3,500</u> \$8,000			
		nce Requested type of SAF Assistance requested.		
1. Work-St	udy: (Studer	nt Campus jobs)		
Student Name		Social Security #	DOB	
Student Name		Social Security #	DOB	
Student Name		Social Security #	DOB	
2. Student	Loan:			
Parent/Guardian Soc	ial Security #			
Home Address:				
City/State/Zip Code:				
*The maximum re	equested Ioan	amount is: \$5600 per residen \$3150 per non-res		
Student Name		Requested Loan Amo	Requested Loan Amount	
Student Name		Requested Loan Amo	Requested Loan Amount	
Student Name		Requested Loan Amo	Requested Loan Amount	
Signed:				
Parent/G	Guardian (Respon	sible Person) Date		
See reverse side to	apply for Famil	ly Multi-Student Grant or Persona	l Tutoring Help.	

3.	Family Multi-Student Grant:		
Names of family member students attending Immanuel Lutheran High School and College for the 2021-2022 school year			
4.	Student Tutoring Grant: (Maximum of \$5 off the \$10/hour rate)		
Names of	family member students that need tutoring for the 2021-2022 school year		
Family F	inancial Data Statement: (needed for Multi-Student & Tutoring Grants)		
	ENT/GUARDIAN (Responsible Person) INCOME adjusted gross income, tax form 1040 - line 7		
2020 family	household members		
Signed:	Parent/Guardian (Responsible Person) Date		
	APPLICATION DEADLINE IS MAY 1, 2021 Send application to: General Business Office Immanuel Lutheran College 501 Grover Road Eau Claire, WI 54701-7134 If you have any questions please contact: James Sandeen at (715) 836-6622 or jimsandeen@gmail.com		