

# STUDENT FINANCIAL AID APPLICATION FORM

IMMANUEL LUTHERAN HIGH SCHOOL (ILHS)

2024-2025 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 2024-2025 (final amounts determined in April 2024):

Tuition	\$4,500
Activity Fee	\$600
Room & Board	<u>\$3,600</u>
Total	\$8,700

## Type of Financial Assistance Requested

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

### 1. Work-Study: (Student Campus jobs)

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

### 2. Student Loan:

Parent/Guardian Social Security # (for promissory note) \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

\*The maximum requested loan amount is: \$6000 per resident student  
\$3500 per non-resident student

Student Name \_\_\_\_\_ Requested Loan Amount \_\_\_\_\_

Student Name \_\_\_\_\_ Requested Loan Amount \_\_\_\_\_

Student Name \_\_\_\_\_ Requested Loan Amount \_\_\_\_\_

See reverse side

Family Financial Data Statement: The high school tuition assistance, family multi-student grant, and tutoring grant are tiered based on income. If you would like to request a grant, but would prefer not to give your income, you will be placed in the minimum aid bracket.

2023 PARENT/GUARDIAN (Responsible Person) INCOME

from IRS adjusted gross income, tax form 1040 - line 11

\$ \_\_\_\_\_

2023 family household members \_\_\_\_\_

3. High School Tuition Assistance

Accept       Decline

4. Family Multi-Student Grant:

Names of family member students attending Immanuel Lutheran High School and College for the 2024-2025 school year

\_\_\_\_\_

5. Student Tutoring Grant: (Maximum of \$7.50 off the \$15/hourly rate)

Names of family member students that need tutoring for the 2024-2025 school year

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed:

\_\_\_\_\_ Parent/Guardian (Responsible Person)

\_\_\_\_\_ Date

APPLICATION DEADLINE IS MAY 1, 2024

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

If you have any questions please contact:  
Steve Lentz at (715) 836-6622 or [steve.lentz@ilc.edu](mailto:steve.lentz@ilc.edu)