



## Fee Assistance Application

The Fee Assistance program is designed to assist families of St. Matthews School with the costs of tuition. Fee assistance grants approved by the Board of Education will be credited to family accounts at the end of the school year, provided the family remains "in good standing" with their individual payment plan.

Completed applications can be dropped off at school, emailed, or sent in the regular mail to:

St. Matthew's Lutheran School  
1650 Brown Street  
Oconomowoc, WI 53066  
262-912-6364  
[tplitzuweit@smls.org](mailto:tplitzuweit@smls.org)

- Annual applications will be accepted from June 1 until August 1 of the start of the school calendar year. Application will be accepted during the school year for special circumstances but consider that funds are limited and may have been depleted.
- All applications will be reviewed in strict confidence and are not a matter of public record.
- All information on the application must be true and accurate. If false information, omissions, or misrepresentations are discovered, the application may be returned, rejected, or suspended.
- Applicants will receive notifications before the start of the school year for the status of their request for fee assistance. Specifically, for what denomination amount, and what requirements need to be completed to demonstrate successful completion of the agreed upon obligation.
- Once the school year is completed the principal will review the agreed upon obligations and make a recommendation for disbursement of funds to complete your request for the agreed upon amount awarded. If issues arise, we pray you can work these out and address the concerns directly with the principal. Failure to follow the obligations that you and your immediate family agreed upon may result in nullification of the request, and full payment will be expected.
- Applications must be submitted each year. Granting of SMLS Fee Assistance to a family does not ensure continued approval in succeeding years.

Sincerely,

SMLS Board members

**Application date:** \_\_\_\_\_  
MM/DD/YYYY

**School calendar year that Aid is being applied for:** \_\_\_\_\_  
YYYY/YYYY

**Student information:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Is your child(ren) currently enrolled in SMLS?  Yes  No

Are there other children or dependents in your household?  Yes /  No

If so, how many: \_\_\_\_\_

**Parent / Guardian information:**

Father / Male Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, WI Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Monthly Gross Earnings: \$ \_\_\_\_\_

Mother / Female Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_, WI Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Monthly Gross Earnings: \$ \_\_\_\_\_

Other Income, if any: \$ \_\_\_\_\_ Source of income: \_\_\_\_\_  
(Example: Soc. Sec., Disability, Alimony, Child Support)

**Past Tuition Request Information:**

Have you previously applied for fee assistance with St. Matthew's Lutheran School?  Yes  No

Do you have any outstanding debt with St. Matthew's Lutheran School?  Yes  No

If so, how much: \$ \_\_\_\_\_

Do you have any outstanding debt with other Schools?  Yes  No

If so, how much: \$ \_\_\_\_\_

Compelled by the love of Christ, St. Matthew's Evangelical Lutheran Church and School seek to reach out to our families, community and world, using Law and Gospel to make disciples, growing and nurturing them in their Christian faith and life.

**Other Information:**

Housing: _____	Monthly Payment: \$_____
Housing (2 <sup>nd</sup> ): _____	Monthly Payment: \$_____
Automobile: _____	Monthly Payment: \$_____
Automobile: _____	Monthly Payment: \$_____
Other (specify): _____	Monthly Payment: \$_____
Other (specify): _____	Monthly Payment: \$_____
Other (specify): _____	Monthly Payment: \$_____
Other (specify): _____	Monthly Payment: \$_____

**Total Monthly Expenses: \$\_\_\_\_\_**

To help determine the need for your situation, please provide a description of why you are applying for SMLS Tuition Assistance (Please provide additional sheets if needed).

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**Parent/Guardian Agreement:**

I/We can pay at least \$\_\_\_\_\_ per month. (Note: This amount is only to aid the school board in their decision of financial aid and should not be construed as a parent's final commitment and/or obligation.)

I/We declare I/We have examined the information in this application, and to the best of my/our knowledge and belief, it is true, correct, and complete and is a true representation of my/our current financial status.

I/We also agree this information can be shared among members of the school board, the principal, the pastor and the business director.

Father / Male Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Mother / Female Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Forms are due by August 1**