

Los Angeles Lutheran Middle and Senior High School

13570 Eldridge Ave., Sylmar, CA 91342, Tel: (818) 362-5861

Financial Aid/Scholarship Application

Scholarship Application Deadline: May 15 *(Only completed applications will be considered.)*

Date: ____ / ____ / ____ For School Year: _____ Entering Grade: _____

Student(s) Name: _____

Parent/Guardian Name: _____

Address: _____

Email: _____ Primary Telephone: _____

1. Cumulative Grade Point Average: _____

2. ___ Please submit one letter of recommendation from a current teacher with a sealed envelope.

3. ___ Please submit a copy of your previous year's **tax form (1040, 1040A, 1040EZ)** pages one and two.

4. Provide example of student's character:

5. Provide statement of financial need:

As parent/guardian, if my child is granted financial aid/ a scholarship, I agree to send a note of appreciation to the financial provider and volunteer a minimum of 10 hours throughout the school year. (Check website for volunteer opportunities.)

Signature of Applicant: _____ Date: _____

(Action Taken)

Application: Award Made Denied Date: ____ / ____ / ____ Amount of Award: \$ _____

Scholarship Awarded : _____ Date Applicant Notified: ____ / ____ / ____