



LANCASTER MENNONITE SCHOOL
2008–09 Application for Scholarships/Financial Aid
CONFIDENTIAL

Application should be submitted to Lancaster Mennonite School by April 18, 2008

PLEASE COMPLETE ONE FORM PER STUDENT

Student Name:

Last First Middle

Date of Birth: _____ Grade for 2008-09: _____

If student will be in kindergarten, # of days _____

Campus: Kraybill Lancaster grades 6-8

Lancaster grades 9-12 Locust Grove

New Danville

Home Address:

Street or P.O. Box

City State Zip Code

Phone (_____) _____

First Parent/Guardian _____

Address _____

Email _____

Phone (_____) _____

Second Parent/Guardian _____

Address _____

Email _____

Phone (_____) _____

Check areas for which you are applying:

Discount for additional children (Grades K-12)

\$400 off tuition for second child

\$500 off tuition for all other children

Names of other children

Partner Church Scholarship (Grades K-12)

Church Denomination _____

Congregation _____

Pastor _____

A church scholarship is provided to students from partnership congregations that financially support the school. Contact the LMS business office or your congregation to see if this scholarship is available.

For assistance in paying tuition, you may apply for the following:

- PA Mennonite Scholarship Organization Scholarship – also known as PA Act 4 Scholarship** (Grades PreK-12)

This scholarship is authorized by Pennsylvania Act 4 of 2001, which grants a tax credit to businesses that contribute to certain scholarship organizations. LMS must forward this application to the PA Mennonite Scholarship Organization in order to receive scholarship money from this program. Scholarships will be awarded with priority to those having the greatest financial need.

- Work Aid** (Grades 9-12)

Students who need additional aid can arrange to work in one of their 8 periods of the school day. (Arranged through the Guidance Office)

When choosing either of these options, the reverse side of this form must be completed. The required federal tax form for 2007 must accompany this application.

Please provide complete information.

Specific information is necessary to comply with PA Act 4. If any of this information is missing or incomplete, financial aid may not be granted.

All information will be handled in confidence.

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Please provide *all* the following information if you are applying for
• Multiple Tuition Discount • PA Mennonite Scholarship Organization Scholarship • Work Aid

1. List all household members, including parents and dependents -- Social Security Numbers are required

Name (First/Middle/Last)	Age	Social Security Number (required information)	Grade to be Entered	School to be Attended	Day or Resident Student
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Income Information – complete information must be provided in order to qualify for scholarships

Total Adjusted Gross Income \$ _____ Total Other Income \$ _____
“Other Income” includes nontaxable housing allowance, alimony, child support, Social Security income or any other nontaxable income not reported on your tax return.

TOTAL ANNUAL HOUSEHOLD INCOME OF STUDENT’S HOUSEHOLD \$ _____

- a. Do you receive food stamps? Yes No If you receive food stamps, list your number: _____
- b. Self employed? Yes No If self-employed, list adjusted gross income for the past 3 years and attach each year’s tax returns.
\$ _____ \$ _____ \$ _____

3. Work Aid (grades 9–12): How much work-aid are you requesting? \$ _____

Check preference: Kitchen/Dining Hall (up to \$850/year) Media Center (up to \$700/year) Cleaning (up to \$850/year)

Act 4 Income Criteria: Act 4 requires scholarship organizations to make awards only to those who qualify on income criteria established under the Act. Household income does not include: disability payments; worker’s compensation; retirement pensions; public assistance of unemployment compensation; reimbursement for work-related expenses; employer or union payments for hospitalization, death benefits and supplemental unemployment; strike benefits; social security and retirement; and combat pay for military personnel.

Enclose with this application photocopies of all federal income tax forms filed by members of the student’s household for the most recent calendar year (IRS Form 1040 for 2007). If total household income is different from the total income shown on IRS Form 1040, explain here:

Certification: The undersigned parent(s)/guardian(s) of the student certify that the information contained in this application is true and correct to the best of their knowledge, and the accompanying copies of federal income tax form(s) are true and correct copies of the originals. The school is authorized to deliver this application and the accompanying information to the scholarship organization.

Date _____

Signed _____

parent or guardian

parent or guardian

Checklist for enclosures:

Federal income tax forms – **Year 2007**
Mail application and enclosures by April 18, 2008 to:
Financial Aid Office
Lancaster Mennonite School – Kraybill Campus
598 Kraybill Church Rd
Mount Joy, PA 17552
(717) 653-5236, ext 201

Both signatures are required if income taxes were filed jointly. The student must be claimed as a dependent on IRS Form 1040.