



_____	_____
Congregation Name	Address
_____	_____
Pastor	Email Address
_____	_____
Denomination or Affiliation	City State Zip

In addition to supporting us with prayer, please let us know the Scholarship Option your congregation is choosing for the 2020-21 School Year.

2020-2021 Church Partnership Program				
Option Choice	Option	Church Donates	LMS Gives	Student Receives
	Option 1	\$500	\$500	\$1000
	Option 2	\$1000	\$1000	\$2000
	Option 3	\$1500	\$1500	\$3000
	Option 4	\$2000	\$2000	\$4000

Congregational Worksheet.

Number of students x \$_____per student using option
 ____ = \$_____to be paid from congregation by **August 1, 2020**.

(Please use back of form for listing students)

Name (Please Print) _____

Signature _____ Phone _____

Position _____ Email _____

Date _____

Please return this form by **April 1 deadline. (Received not postmarked) The scholarship per your choice will be awarded and will appear on the May invoice to parents applied to the 2020-21 school year.**

Return in enclosed envelope or mail to: Jon Heinly
 Lancaster Mennonite School
 2176 Lincoln Highway East
 Lancaster, PA 17602

Students for _____ Church

	First Name	Middle Name	Last Name	Grade	Campus
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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