



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

**In addition to supporting us with prayer, please let us know the Scholarship Option your congregation is choosing for the 2024-25 School Year.**

2024-2025 Partner Church Scholarship Program			
	Church Donates	LMS Gives	Student Receives
Example 1	\$500	<b>\$500</b>	<b>\$1000</b>
Example 2	\$1000	<b>\$1000</b>	<b>\$2000</b>
Example 3	\$1500	<b>\$1000*</b>	<b>\$2500</b>
Example 4	\$2000	<b>\$1000*</b>	<b>\$3000</b>

**Congregational Worksheet.**

Number of students x \$ \_\_\_\_\_ per student using option  
 \_\_\_\_\_ = \$ \_\_\_\_\_ to be paid from congregation by **August 2, 2024\*\***

**Note:** Congregational contributions are not refundable based on enrollment changes following September 2, 2024.\*\*

**To be completed by a congregational representative who is not a current LM parent**  
*(Please use back of form for listing students)*

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Church Position \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form by the **April 1, 2024 deadline** (Received not postmarked). The scholarship per your choice will be awarded and will appear on the May 2024 invoice to parents applied to the 2024-25 school year.**

**Return in enclosed envelope or mail to:** Luis Torres  
 Lancaster Mennonite School  
 2176 Lincoln Highway East  
 Lancaster, PA 17602

Students for \_\_\_\_\_ Church

	First Name	Middle Name	Last Name	Grade
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				