



| | | | |
|--------------------------------------|-------------------------|----------------|--------------|
| _____ 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 2026-2027 School Year.

| 2026-2027 Partner Church Scholarship Program | | | |
|--|----------------|----------------|------------------|
| | Church Donates | LMS Gives | Student Receives |
| Example 1 | \$500 | \$500 | \$1,000 |
| Example 2 | \$1,000 | \$1,000 | \$2,000 |
| Example 3 | \$1,500 | \$1,000 | \$2,500 |
| Example 4 | \$2,000 | \$1,000 | \$3,000 |

Congregational Worksheet.

Number of students x \$_____ per student using option
____ = \$_____ to be paid from congregation by **August 1, 2026***

Note: Congregational contributions are not refundable based on enrollment changes following September 1, 2026.**

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, 2026 deadline (Received not postmarked). The scholarship per your choice will be awarded and will appear on the May 2026 invoice to parents applied to the 2026-27 school year.**

Return in enclosed envelope or mail to: Kate Grieser
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 | | | | |