



PARTNER CHURCH SCHOLARSHIP
Congregational Commitment Form
2026-2027 School Year

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				