



LIFE! Lutheran School

710 E. 17th Eugene, Oregon 97401 541-342-5433 www.lifeschool.us

FINANCIAL AID APPLICATION

2010-2011 School Year

Student(s)

Grade(s) _____

Parent _____

Family Phone

Dear Administrator,

We are asking that we be granted reduced tuition for our child because of the following circumstances:

Our *total* annual household income is
\$ _____

We can afford to pay \$ _____ per month for 10 months.

Parent signature

Date _____