Lutheran High School Association
1100 Bagley
Rochester Hills, MI 48309
Phone: 248.856.0240
Fax: 248.856.0242

Lutheran Grant Form
2009-10 School Year

Must be submitted by April 15, 2009
for priority consideration.

Qualifications:

Please circle

1 Do you belong to a Lutheran Church that supports LHSA students with grants above $500 per year? yes or no
(If the answer to question 1 is yes, do not complete this form. If the answer is no, go to question 2.)

2 Did your student attend a Lutheran Church Missouri Synod elementary school for at least three years in a row? yes or no
(If the answer to question 2 is no, do not complete this form. If the answer is yes, go to question 3.)

3 Will your student graduate from a Lutheran elementary school in May or June, 2009? yes or no
(If the answer to question 3 is no, and you have completed the previous three years, but not graduated, call our office before filling out this form. If the answer is yes, complete the remainder of the form.)

(You may want to consider filling out the Student Aid Form. See the Financial Aid Bulletin for further information.)

Please fill out the rest of this form **completely**. Do not leave any items blank.
If it does not apply, write N/A. If you have any questions, please contact the LHSA Business Office: 248.856.0240.

Name of Student: _____
Address: _____
City, Zip: _____
Phone Number: _____
Church Membership _____

Which Lutheran High School will your child attend? North Northwest South Westland
(please circle)
What grades did your student attend a Lutheran elementary school? _____

Name, address, and phone number of elementary school your child will graduate from:

_____
_____
_____

Name of Lutheran elementary Principal: _____

Name of 8th Grade Teacher: _____

Student's Grade Point Average: _____

Are you a full-time Lutheran Pastor or Lutheran Teacher? _____
Will you be applying for Student Aid? (If so, fill out the Student Aid Form and send with the Lutheran Grant Form.) _____

All of the information contained on this form is correct to the best of my (our) knowledge. I (we) understand that I (we) may have to submit additional documentation to support this information if requested by the LHSA Business Office. If my (our) student withdraws prior to 1/15/10 I (we) understand this award is null and void.

_____ _____
Mother's Signature Date Father's Signature Date