

**The Iowa Lutheran
School Tuition Organization (ILSTO)
2017-18 Tuition Assistance Application**

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____

Number in Family: _____ Number of Children (K – 12) attending this school: _____

Name the school and city location that your child/children will be attending in 2017-18?

(example, St. Paul, Sioux City) _____

Are you a member of the church or one of the churches associated with the school? Yes No

Attending Child's Name, Grade and Tuition: STO funds apply only to Grades K - 12

Name: _____ 2017-18 Grade: _____ Tuition: \$ _____ .00

Name: _____ 2017-18 Grade: _____ Tuition: \$ _____ .00

Name: _____ 2017-18 Grade: _____ Tuition: \$ _____ .00

Name: _____ 2017-18 Grade: _____ Tuition: \$ _____ .00

Please check the following statements as appropriate: Read the following carefully.

_____ I have attached the first page of my 2016 completed federal return which shows Line 22 on 1040 return
(Do not send in your application without your federal tax return.)

_____ I am on disability and do not file a tax form, but our family's disability income is \$ _____ per month.
Please fill out the attached form below.

_____ The number I have entered above for "Number in Family" matches the total number
of exemptions on page 1 of your federal tax return. If not, please explain on reverse side.

_____ This the first year I have a child(ren) attending this school in K-12? Yes No

Signature _____ Date: _____

**Please mail completed form AND first page only (not electronic filing statement) showing Line 22 of your
1040 2016 completed Federal Tax Return to:**

Iowa Lutheran STO, PO Box 176, Terril, IA 51364

Applications for the 2017-18 school year must have a postmark no later than April 28, 2017.
Second round applications must have a postmark no later than Friday, August 4, 2017

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FOR OFFICE USE ONLY – PARENTS DO NOT COMPLETE THIS SECTION

Postmark Date _____ Family _____ Line 22 or 15 Amount _____

Tuition Total _____ Income percent of Poverty Guideline _____

Parent Name _____

I have listed _____ as the number of people in my family on this application form, but my tax form indicates _____.

The reason for this is:

Signature _____ Date _____

We frequently need testimony as to the effectiveness of this program so we can show the legislators that it is necessary for them to continue it. We would appreciate it, if you would write how this program assists you in sending your child to one of our Iowa Lutheran schools. Please write something below, and let us know if we can use your name or if you want to remain anonymous.

Signature _____ Date _____

_____ You may use my name.

_____ You may use the name of the school my children attend.

NON TAX FILER

AFFIDAVIT

The undersigned individuals(s) duly swears that he or she did not earn enough income to be required to file a federal and lowa individual income tax return for the tax period ending December 31, _____. Therefore, in seeking a tuition grant for _____(name) for the upcoming school year, I am not required to submit a copy of my federal or lowa individual income tax return to verify my household income.

Name of individual(s) _____

Date
signed: _____