

**SOUTHERN ARIZONA FOUNDATION FOR EDUCATION
APPLICATION FOR TUITION ASSISTANCE**

2009-2010

Southern Arizona Foundation for Education – Lutheran (SAFE-Lutheran) is a tax-exempt “school tuition organization” established to provide tuition financial assistance to students attending “qualified schools” in southern Arizona operated by congregations of the Lutheran Church - Missouri Synod (LCMS). Financial contributions to SAFE-Lutheran designated for your individual school provide need-based tuition money for students attending your school so they can learn, and learn to know their Lord Jesus.

All students receiving either designated or undesignated funds must fill out this form to receive their tuition assistance. Applications must be complete, with signature(s), and submitted to their individual school offices. Once the SAFE Board approves the application for funding the funds will be sent to their individual schools. All funds can only be used for tuition assistance. **Remember, your individual school does not approve the funding.**

Student’s Name: _____ Grade: _____ School Year: _____

Applying for: Designated Funds: _____ Undesignated Funds: _____

Reasons Scholarship Is Being Requested: _____

Percentage of Tuition Assistance requested for child’s enrollment: _____

For SAFE use only

Funding Approved:

Designated Funds:

1st Qtr: _____ 3rd Qtr: _____
2nd Qtr: _____ 4th Qtr: _____

Undesignated Funds:

1st Qtr: _____ 3rd Qtr: _____
2nd Qtr: _____ 4th Qtr: _____

The student is currently living with:

Mother **Stepmother** **Female Guardian**

Name: _____

Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Occupation: _____ Job Title: _____

Employer: _____

Father **Stepfather** **Male Guardian**

Name: _____

Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Occupation: _____ Job Title: _____

Employer: _____

If someone other than the person(s) listed above is financially responsible for the student, please provide information for this person:

Name: _____

Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Occupation: _____ Job Title: _____

Employer: _____

I/We the undersigned attest that the information provided on this application is true and accurate.

Signature(s): _____ **Date:** _____

_____ **Date:** _____