



LUTHERAN HIGH SCHOOL

ASSOCIATION CHURCH WORKER DISCOUNT APPLICATION FORM (2019-2020) Please complete and return by April 30, 2019 (one form per family).

The Association Church Worker Discount (ACWD) from Lutheran High School is designed to provide financial assistance to full-time church worker families with students enrolled at the high school. A church worker qualifies for this discount if they are working full-time at an Association church/school and are considered eligible for Concordia Plan Services' health benefits. The discount for this school year is **35% of the family's tuition responsibility**. Families need to apply each year for this discount. The Association Church Worker Discount application should be submitted by **April 30**. It should include the signature of the Association pastor and the financial manager who works with Concordia Plan Services for the Association church/school where employed.

(Please note that this discount is intended to assist full-time church workers. If your employment status changes prior to/during the 2019-2020 school year, please inform our office since parents/guardians only qualify if employed full-time during the 2019-2020 school year.)

SUMMARY:

To be eligible for the Association Church Worker Discount from Lutheran High School:

1. Parent/Guardian is working full-time at an Association church/school and qualifies for Concordia Plan Services' health benefits at the Association church/school.
2. Student is **enrolled** to attend Lutheran High School.
3. This **application form is signed by the Association pastor and the financial manager** who works with Concordia Plan Services for the Association church/school where employed.
4. **Complete this application form and return it** to Lutheran High School by **April 30, 2019**.

Name(s) of Student(s) _____ **Grade in 2019-2020** _____
 _____ **Grade in 2019-2020** _____
 _____ **Grade in 2019-2020** _____

Parent/Guardian Church Worker Information

Occupation _____

Name of Association Church/School Where Employed _____

Church Worker's Signature _____ Date _____

Church Worker's Printed Name _____

Association Pastor's Signature _____ Date _____

Association Pastor's Printed Name _____

"As the financial manager for the Association church/school of the above named employee, I hereby certify with my signature below that this employee works at our church/school and qualifies for the Concordia Plan Services' full-time health benefits at our congregation for the 2019-2020 school year."

Association Church/School's Financial Manager's Signature _____ Date _____

Association Church/School's Financial Manager's Printed Name _____

Thank you for the ministry you do as a Lutheran church worker. We are grateful for the opportunity to assist you in providing a Christ-centered education for your children in high school.