



LUTHERAN HIGH SCHOOL

CHURCH WORKER GRANT PROGRAM APPLICATION FOR 2017-2018 Please file before April 30, 2017 (one form per family).

The Church Worker Grant Program of 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 grant as a full time worker if their church/school considers them to be eligible for Concordia Plan Services' health benefits. The grant for this school year is **40% of the family's tuition responsibility** and is proportionately applied to association tuition based on the tuition payment plan selected. Families need to apply each year for the grant. The grant application should be submitted before **April 30**. The grant application should include the signature of the pastor and the financial manager who works with Concordia Plan Services for the church/school where employed. (Please note that this grant is intended to assist full time church workers. If your employment status changes prior to/during the 2017-2018 school year, please inform our office since parents/guardians only qualify if employed full time during the 2017-2018 school year.)

SUMMARY:

To be eligible for the Church Worker Grant Program at Lutheran High School:

1. Parent/Guardian is a **full-time church worker** who qualifies for Concordia Plan Services' health benefits at the church/school where employed.
2. Student is **enrolled** to attend Lutheran High School.
3. This **application form is signed by the pastor and the financial manager** who works with Concordia Plan Services for the church/school where employed.
4. **Complete this application form and return it** to Lutheran High School **before April 30, 2017**.

Name(s) of Student(s) _____ Grade in 2017-2018 _____
 _____ Grade in 2017-2018 _____
 _____ Grade in 2017-2018 _____

Parent/Guardian Church Worker Information

Occupation _____

Name of Church/School Where Employed _____

Church Worker's Signature _____ Date _____

Church Worker's Printed Name _____

Pastor's Signature _____ Date _____

Pastor's Printed Name _____

"As the financial manager for the church/school of the above named employee, I hereby certify with my signature below that this employee qualifies for the Concordia Plan Services' full time health benefits at our congregation for the 2017-2018 school year."

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

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.