



LUTHERAN HIGH SCHOOL

ASSOCIATION CHURCH WORKER DISCOUNT APPLICATION FORM (2026-2027)

Please complete and return by March 27, 2026 (one form per family).

The Association Church Worker Discount (ACWD) from Lutheran High School is designed to provide financial assistance to full-time (40 hours) church worker families with students enrolled at the high school. A church worker qualifies for this discount if they are working full-time (40 hours) at an Association church/school and are considered eligible for Concordia Plan Services' health benefits. The discount for this school year is **25% of the family's tuition responsibility***. Families need to apply each year for this discount. The ACWD application should be submitted by March 27, 2026 and 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 (40 hours) church workers. If your employment status changes prior to/during the 2026-2027 school year, please inform our office since parents/guardians only qualify if employed full-time (40 hours) during the 2026-2027 school year.)

SUMMARY:

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

1. Parent/Guardian is working full-time (40 hours) 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 March 27, 2026.**

Name(s) of Student(s) _____ Grade in 2026-2027 _____
 _____ Grade in 2026-2027 _____
 _____ Grade in 2026-2027 _____

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 **40 hours** at our church/school and qualifies for the Concordia Plan Services' health benefits at our congregation for the 2026-2027 school year."*

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

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

**Discount can't be greater than tuition responsibility.*

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.