



Scholarship Application 2024-2025

30888 C.R. 6, Elkhart, IN 46514 574.674.8800 office@trinityl.org

Copies of 2023 Federal Form 1040 for ALL household members with income must accompany this form.

*If a tax return is not available or does not provide an accurate picture of total household income, please report other income in Section C.

Section A - Trinity Lutheran Students Applying:

Name First and Last	Date of Birth	2024- 2025 Grade	Public School would attend	School Attended 2023-2024	Individual Education Plan (IEP)		Prior Indiana Choice Scholarship			Prior SGO Scholarship		
					Yes	No	No	Self	Sibling	No	Self	Sibling
1.												
2.												
3.												
4.												
5.												

Primary Address _____

City _____ State _____ Zip Code _____

Community School District* (choose one):** Concord Elkhart Middlebury Mishawaka

PHM South Bend Other _____

**This is the school district where your legal main residence is located.*

***One option must be selected or we cannot process your Indiana Choice Scholarship with the state*

Section B - Children Living in Household:

Name (First & Last)	Child's Annual Income (If any)	Dependent on provided tax return? (Select One, If no please explain)
1.		Yes No
2.		Yes No
3.		Yes No
4.		Yes No

Section C - ALL Adult Household Members: - Annual Income

Name (First & Last)	Earnings From work	Public Assistance/ Child Support/ Alimony	Pensions/ Retirement/ All Other Income	Listed on Provided Tax Return (Select One, If no please explain)
1.				Yes No
2.				Yes No
3.				Yes No
4.				Yes No

Section D - Verification

All Federal Form 1040s are enclosed? Yes No (If no, please explain) _____

Does Form 1040 provide an accurate picture of total household income? Yes No

If No, please provide documentation. Examples include, Unemployment compensation statement, form 1099's, etc...

The students in this application are enrolled at Trinity Lutheran School for the 2024-25 school year. I understand that I am required to disclose ALL household members' financial information for the consideration of scholarships. I certify that all of the provided information is true and complete as stated.

Parent/Guardian Signature: _____ Date: _____