

STUDENT FINANCIAL AID APPLICATION FORM
IMMANUEL LUTHERAN HIGH SCHOOL (ILHS)
2009-20010 SCHOOL YEAR

Parent/Guardian Name: _____

Student(s) Information:

Student Name: _____ Year in School _____

Student Name: _____ Year in School _____

Student Name: _____ Year in School _____

The following are the preliminary expenses, approved by the Board of Regents for ILHS 2009-2010:

Tuition	\$2,950
Activity Fee	\$400
Room & Board	<u>\$3,100</u>
Total	\$6,450

Type of Financial Assistance Requested

Provide the indicated information for each type of SAF Assistance requested.

Work-Study:

Student Name _____ Social Security # _____ DOB _____

Student Name _____ Social Security # _____ DOB _____

Student Name _____ Social Security # _____ DOB _____

Student Loan:

Parent/Guardian Social Security # _____

Home Address: _____

City/State/Zip Code: _____

*The maximum requested loan amount is \$5100 per student

Student Name _____ Requested Loan Amount _____

Student Name _____ Requested Loan Amount _____

Student Name _____ Requested Loan Amount _____

Signed: _____
Parent/Guardian (Responsible Person) Date

See reverse side to apply for Family Multi-Student Grant

Family Multi-Student Grant:

Names of family member students attending Immanuel Lutheran High School and College for the 2009-2010 school year

Family Financial Data Statement:

2008 PARENT/GUARDIAN (Responsible Person) INCOME

from IRS adjusted gross income, tax form 1040 - line 37, or 1040EZ - line 4 \$ _____

2008 Family Exemptions from IRS form 1040 - line 6d _____

List any extraordinary financial situation you wish to have considered. *(not required)*

APPLICATION DEADLINE IS April 15, 2009

Send application to:
General Business Office
Immanuel Lutheran College
501 Grover Road
Eau Claire, WI 54701-7134

If you have any question please contact:
Dr. James Sydow at (715) 836-6622 or james.sydow@ilc.edu