

# Unity Lutheran Christian Elementary School

*A Mission Outreach of the  
Southern Illinois District – LCMS*

Full Tuition

\$620/month per child x \_\_\_\_\_ = \_\_\_\_\_

Financial Aid Per Month = \_\_\_\_\_

## TUITION COVENANT & REQUEST FOR FINANCIAL AID 2025-2026

*“Know therefore that the Lord your God is God; He is the faithful God, keeping his covenant of love to a thousand generations of those who love Him and keep His commandments.” Deuteronomy 7:9*

Parent/Guardian’s Name: \_\_\_\_\_

First                      Middle                      Last

Parent/Guardian’s Name: \_\_\_\_\_

First                      Middle                      Last

Address: \_\_\_\_\_

City    State                      Zip

Phone: \_\_\_\_\_

Home                                      Work                                      Other

Number of people in household:    Adults \_\_\_\_\_    Children \_\_\_\_\_

Please list all children in household who will be entering grades **PK-8** at Unity Lutheran School:

Name	Gender	Relationship to guardian	Grade level in 2025-2026

  

<i>Monthly Income</i>	Father	Mother	Other
Salary			
AFDC or ADC			
Other Public Assistance			

Other Income			
Total			

To verify income, **please attach a copy of your most recent tax return and/or most recent pay stub.** Do not include schedules, attachments, or worksheets. Only include the 1040 or 1040EZ form. If you would like a free copy of your tax return, please call the Internal Revenue Service at 1-800-8291040. Please describe any special family or financial circumstances: (Attach sheet if necessary)

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Tuition amount you are able to pay per month: \_\_\_\_\_

Please initial each statement to indicate the statement is true:

- \_\_\_\_\_ I understand that no child will be enrolled without a zero balance.
- \_\_\_\_\_ I certify the above financial information is correct.
- \_\_\_\_\_ I understand that there are ten monthly tuition payments, August through May.
- \_\_\_\_\_ I understand that tuition payments are due on the 15<sup>th</sup> of each month (including August).
- \_\_\_\_\_ I understand that my child will not be allowed to attend class if tuition is not paid on time.
- \_\_\_\_\_ I understand that student records and/or diplomas will not be issued if charges remain.
- \_\_\_\_\_ I understand that it is the parent/guardian’s responsibility to monitor the tuition balance. Unity provides a statement at least monthly.

*I certify that all the information provided on this application is true and complete to the best of my knowledge. I agree to provide proof that the statements made in this application are true. I acknowledge that failure to do so will void the scholarship. I understand that all the above conditions must be met by family/child to be eligible for a scholarship.*

\_\_\_\_\_ **Print**  
 Name of Parent or Guardian **Signature** of Parent or Guardian Date

\_\_\_\_\_ **Print**  
 Name of Parent or Guardian **Signature** of Parent or Guardian Date

**Please return completed application to Unity Lutheran Christian Elementary School. Do not forget to attach your 2024 1040 or 1040EZ and/or 2 current pay stubs.**