



**The Iowa Lutheran  
School Tuition Organization (STO)  
2010-11 Tuition Assistance Application**



\*\*\*IMPORTANT\*\*\*

**Be sure to attach your most recently completed Federal 1040 Tax Return**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**School Child/Children will be attending in 2010-2011:**

(Name and City, for example, St. Paul, Sioux City) \_\_\_\_\_

Have you enrolled your child(ren) in the school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Total Number in Family: \_\_\_\_\_ Total Children in Family: \_\_\_\_\_ Total Children attending this school: \_\_\_\_\_

Will you be paying Member or Non-Member Tuition? \_\_\_\_\_

**Attending Child(s) Name, Grade and Tuition: (Funds available for K-12)**

Name: \_\_\_\_\_ 2010-11 Grade: \_\_\_\_\_ 2010-11 Tuition: \$ \_\_\_\_\_,00

Name: \_\_\_\_\_ 2010-11 Grade: \_\_\_\_\_ 2010-11 Tuition: \$ \_\_\_\_\_,00

Name: \_\_\_\_\_ 2010-11 Grade: \_\_\_\_\_ 2010-11 Tuition: \$ \_\_\_\_\_,00

Name: \_\_\_\_\_ 2010-11 Grade: \_\_\_\_\_ 2010-11 Tuition: \$ \_\_\_\_\_,00

Name: \_\_\_\_\_ 2010-11 Grade: \_\_\_\_\_ 2010-11 Tuition: \$ \_\_\_\_\_,00

Name: \_\_\_\_\_ 2010-11 Grade: \_\_\_\_\_ 2010-11 Tuition: \$ \_\_\_\_\_,00

Is this the first year you will have a child(ren) attending this school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Special circumstances** you wish to be considered should be reported on the reverse side of this form.  
Or you may write about why it is important for you to have a choice in what school your child attends.

Please mail completed form AND first page only (not electronic filing statement) showing Line 22 income (Line 15 of 1040 A) of your **2009 completed Federal Tax Return** to:

Iowa Lutheran STO, 1122 W. Central Park, Davenport, IA 52804

**Applications for the 2010-11 school year must have a postmark no later May 1, 2010.  
Schools will be notified of assistance granted prior to June 5th, 2010.  
Disbursement to the schools will occur by July 1st, 2010.**

Parent Name \_\_\_\_\_

School child(ren) will be attending \_\_\_\_\_

Please consider the following circumstances when reviewing our application: (Examples for this area: Anticipated major change in income from the tax form; difference in number of children listed on application and the tax form as dependents; no tax form needs to be completed by the household, etc.) Explanations should be specific

Multiple horizontal lines for providing explanations.

Signature \_\_\_\_\_ Date \_\_\_\_\_



For Office Use Only:

Date Postmarked: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ by: \_\_\_\_\_

Date Approved by Board: \_\_\_\_\_ Amount Approved: \_\_\_\_\_