



# St. Michael's Lutheran

CHURCH  
3455 S. Van Buren Rd.  
Reese, MI 48757

(989) 868-4791

SCHOOL  
9444 W. Saginaw Rd.  
Reese, MI 48757

(989) 868-4809

[smr@stmichaelsrichville.org](mailto:smr@stmichaelsrichville.org)

CHILD CARE  
9444 W. Saginaw Rd.  
Reese, MI 48757

(989) 868-3830

March 2022

Thank you for your interest in the St. Michael's Financial Aid Assistance Program set up to provide assistance to our school families in meeting the financial obligations of educating a child here at St. Michael's. I understand it is not easy to seek this type of assistance for your family. We value your commitment to giving your child(ren) a solid Christian education. We believe it is our task to assist you in meeting this goal.

Please complete the following application and provide us with ALL the required documentation. This information will assist the Financial Aid Committee in awarding you the appropriate amount of aid. You may include any other information, in letter form, that will help substantiate your need for assistance during the next school year. Please be aware any aid given is on a yearly basis and financial aid must be reapplied for each year. **The deadline for returning a completed application is July 1, 2022.**

The Financial Aid Committee generally meets at the end of July or early August to determine the amount of assistance St. Michael's is able to provide. You will be informed prior to school registration as to the amount you will be awarded and what amount you will be responsible for. You can also be assured that your information and situation will be kept totally confidential.

Thank you once again for your interest in this program and your confidence in us. It is my prayer we can put your mind at ease about the cost of your child's Christian education for next year.

Blessings,

Charles Chaveriat  
Principal



## APPLICATION for FINANCIAL AID

**OBJECTIVE:** St. Michael's Lutheran School has a mission of providing a solid Christian education to anyone who desires this education for their child(ren). We understand this comes at a price. We at St. Michael's do not want this to be a major barrier to having students attend our school. The Board of Education along with the congregation has set up a program for assisting in removing some of the financial burden associated with the educational and/or tuition fees for families who have a short or long term financial burden.

**FAMILY'S RESPONSIBILITIES:** Families requesting assistance will agree to the following criteria:

- I(We) have provided a copy of my/our most recent 1040/1040A and a copy of my/our recent pay check stub(s), if married and both work.
- I(We) may have to provide a certain percentage or my(our) child(ren)'s educational and/or tuition fees.
- I(We) with the help from my(our) child(ren)'s teacher(s), will assist my(our) child(ren) in maintaining a C grade point average or better. Knowing God has created us with different talents and abilities, this minimum G.P.A. may be adjusted based on the individual needs of the child.
- I(We) will pay my(our) financial obligation in a timely fashion.
- I(We) will be in regular church attendance.

Having read through the family requirements and you are willing to comply with them, please complete the following information so we are able to determine what amount of financial aid may be awarded.

### **Personal Information:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Contact Information:**

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Household Income Information:**

Total number of members in your immediate household? \_\_\_\_\_

Estimated total annual household income? \$ \_\_\_\_\_

Source of Income (check all that apply)

\_\_\_\_ Employed                      \_\_\_\_ Child Support/Alimony                      \_\_\_\_ Social Security/Disability

\_\_\_\_ Self-Employed                      \_\_\_\_ Retirement/Pensions                      \_\_\_\_ Other: \_\_\_\_\_

Have you applied for financial assistance before at St. Michael's \_\_\_\_ Yes      \_\_\_\_ No

Amount of the total owed to St. Michael's I(we) is/are able pay monthly: \_\_\_\_\_

The information you supply on this application will be kept in strict confidence. It will be shared only with the Principal and two members from the St. Michael's Lutheran School Board of Education who form the Financial Assistance Scholarship Committee. Please return the application along with needed documentation to the building Principal.

**NOTE: This application will be ONLY good for the current school year. A new application will need to be completed each year you desire financial assistance.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY:	
Date application was received: _____	By: _____
All information filled in and needed documents were received:    YES    NO	