



**Illinois Lutheran
Schools**

Request for Additional Tuition Assistance

Sometimes families experience special circumstances that affect their ability to pay for school after financial assistance is distributed by Illinois Lutheran. You may notify us of these situations by completing this form and emailing it to jbushey@ilhs.org.

Student's name _____

Parent's name _____
(Please print)

Your request will be reviewed once you have completed and submitted the application for tuition assistance in FACTS and paid the FACTS application fee.

Select the circumstance(s) for which you wish to be reviewed:

____ **Medical/Dental expenses**

____ **Job Loss**

____ **Divorce/Separation**

____ **Expected decrease in income**

____ **Death in the family**

____ **Other**

Please explain: _____

Dates associated with reduced income (for example, last date of employment): _____

Amount requested: \$ _____

If you believe you have circumstances not addressed by this form, please explain. Include as much information as possible.

PLEASE SIGN THE BACK OF THE FORM BEFORE YOU SUBMIT TO THE SCHOOL OFFICE

PARENT CERTIFICATION AND SIGNATURE

Warning: Federal regulations state that purposely giving false or misleading information may result in a fine, a prison sentence, or both.

I (We) certify that all of the information reported to qualify for emergency financial assistance is complete and correct.

Parent signature _____ Date _____

Parent signature _____ Date _____