



Financial Assistance Guidelines

2022-2023 School Year

The Great Plains Lutheran High School Association recognizes that the cost of Christian secondary education can be challenging, especially for those with limited income. The Financial Assistance Program is designed to help parents meet the cost of this precious Christ-centered training for our youth.

Association Support

The cost to educate each student at Great Plains Lutheran High School for the 2022-2023 school year is \$11,971 per student. Tuition for the upcoming year has been set at \$5,775. This tuition rate, significantly below actual cost, is made possible by the generous support received from association congregations, organizations, and individuals. This association support is automatically applied to each student who enrolls. Families with the means to do so are encouraged to make a donation to GPLHS to cover all or a part of this association support.

In addition to general association support, further financial assistance is available to those in need. The following guidelines are provided to help families with the financial assistance application process.

Financial Assistance Guidelines

Financial assistance is available by application to all students who have officially registered at GPLHS for the next school year. In addition to the Application for Financial Assistance, a signed photocopy of the 2021 Federal Income Tax Return (form 1040, 1040A or 1040EZ) is also required. Proof of Social Security, AFDC, or other non-taxable income should also accompany the application.

On the basis of information supplied by the applicants, the Financial Assistance Committee will determine financial need. All applications will be considered in the strictest confidence.

- Those applying by **May 15** will be notified of decisions by **June 1**.
- Those applying by **July 15** will be notified of decisions by **August 1**.

Awards will be credited directly to the recipients' 2022-2023 account according to their chosen payment schedule. Applications should be submitted by July 15 to receive consideration.

The amount of financial assistance in each case will be determined on the basis of financial need and the funds available for this program. Normally, financial grants are limited to 50% of tuition and fees; however, the Financial Assistance Committee may waive this guideline in cases of exceptional need.

How to Apply

Complete the Application for Financial Assistance and submit it together with a signed photocopy of your 2021 Tax Return (form 1040, 1040A or 1040EZ) and any other required documents to:

Great Plains Lutheran High School
1200 Luther Lane NE
Watertown, SD 57201-8200

Questions

If there are questions not answered above, please contact the GPLHS Business Manager, Kathleen Hesford, at (605) 886-0672 or khesford@gplhs.org.

Total Nontaxable \$

Circumstantial Information

A. Do you have other dependents that look to you for support?

Name	Relationship

B. Have any circumstances arisen in the past year which has caused a change in your level of income?

_____ Yes _____ No *(If yes, please explain)*

C. Is unemployment a factor? _____ Yes _____ No *(If yes, indicate length of time and extent)*

D. Does the principal breadwinner have any handicaps or disabilities that require special consideration?

_____ Yes _____ No *(If yes, please explain)*

E. If there is any other information which you feel would assist the committee in considering this application, please provide it below.

IMPORTANT: Please attach a signed photocopy of your 2020 Federal Income Tax Return.

Signatures

I certify that the above information is accurate and complete.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

IMPORTANT: The financial assistance application deadline for the 2022-2023 school year is July 15, 2022.

Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial		Last name		Your social security number	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below.				State	
				ZIP code	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☐ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1
	2a Tax-exempt interest 2a	2b Taxable interest
	3a Qualified dividends 3a	3b Ordinary dividends
	4a IRA distributions 4a	4b Taxable amount
	5a Pensions and annuities 5a	5b Taxable amount
	6a Social security benefits 6a	6b Taxable amount
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7
	8 Other income from Schedule 1, line 10	8
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9
	10 Adjustments to income from Schedule 1, line 26	10
	11 Subtract line 10 from line 9. This is your adjusted gross income ▶	11
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction , see instructions.	12a Standard deduction or itemized deductions (from Schedule A) 12a	12c
	b Charitable contributions if you take the standard deduction (see instructions) 12b	
	c Add lines 12a and 12b	
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13
	14 Add lines 12c and 13	14
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2021)

Sample

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC)	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Your signature	Date	Your occupation
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
	Phone no.	Email address	
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date
	Firm's name	Phone no.	
	Firm's address	Firm's EIN	

Sample