



## *Financial Assistance Guidelines*

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### *2025-2026 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 2025-2026 school year is \$12,550 per student. Tuition for the upcoming year has been set at \$6,500. 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 2024 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 1** will be notified of decisions by **May 15**.
- Those applying by **July 1** will be notified of decisions by **July 15**.

Awards will be credited directly to the recipients' 2025-2026 account according to their chosen payment schedule. Applications should be submitted by July 1 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 2024 Tax Return (pages 1-2 of 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, Angie Schmidt, at (605) 886-0672 or [aschmidt@gplhs.org](mailto:aschmidt@gplhs.org).



## Application for Financial Assistance

2025-2026 School Year

### Family Information

A. Name of Students attending GPLHS		Year of Graduation	Home Congregation
		B. Person responsible for payment	C. Parent/Guardian (If different from B)
Relationship to Student			
Name			
Address			
City, State, Zip			
Home Phone #			
Work Phone #			

#### D. Parents marital status (*circle one*)

Married      Single      Widowed      Mother/Father/Both Deceased      Divorced      Separated

#### E. Employment

Father(*Guardian*) \_\_\_\_\_  
Mother(*Guardian*) \_\_\_\_\_

#### F. Other dependent children (*names and ages*)

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

### Financial Information

Please complete Section A and/or B, whichever applies. Provide financial information for the parent(s) and/or guardian(s) responsible for the payment of tuition.

#### A. 2024 Gross Income earned by:

- Father/Stepfather/Male Guardian \$ \_\_\_\_\_
- Mother/Stepmother/Female Guardian \$ \_\_\_\_\_
- TOTAL GROSS INCOME** \$ \_\_\_\_\_  
(Include ALL Forms of Income)
- Adjusted Gross Income as reported on  
2024 IRS Form 1040/1040A/1040EZ \$ \_\_\_\_\_

#### B. 2024 Nontaxable Income (per year)

- Child Support \$ \_\_\_\_\_  
Welfare/AFDC \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
All Other Income \$ \_\_\_\_\_  
**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)*

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

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

\_\_\_\_\_ Yes \_\_\_\_\_ No *(If yes, please explain)*

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E. Do you want travel assistance to be considered in your financial assistance calculation?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, miles you live from GPLHS: \_\_\_\_\_

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

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**IMPORTANT:** Please attach a signed photocopy of your 2024 Federal Income Tax Return (pages 1-2).

**Signatures**

I certify that the above information is accurate and complete.

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Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date

**IMPORTANT:** The financial assistance application deadline for the 2025-2026 school year is July 1, 2025.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning \_\_\_\_\_, 2024, ending \_\_\_\_\_, 20

See separate instructions.

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.

Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below.

State

ZIP code

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.

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You ☐ Spouse

**Filing Status** ☐ Single ☐ Head of household (HOH)

Check only one box. ☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): \_\_\_\_\_

**Digital Assets** At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ 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, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

<b>Dependents</b> (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box 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"/>

**Income**

1a Total amount from Form(s) W-2, box 1 (see instructions)

1b Household employee wages not reported on Form(s) W-2

1c Tip income not reported on line 1a (see instructions)

1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)

1e Taxable dependent care benefits from Form 2441, line 26

1f Employer-provided adoption benefits from Form 8839, line 29

1g Wages from Form 8919, line 6

1h Other earned income (see instructions)

1i Nontaxable combat pay election (see instructions)

1j Add lines 1a through 1h

2a Tax-exempt interest

2b Taxable interest

3a Qualified dividends

3b Ordinary dividends

4a IRA distributions

4b Taxable amount

5a Pensions and annuities

5b Taxable amount

6a Social Security benefits

6b Taxable amount

7 If you are the recipient of a distribution from a qualified plan, IRA, or annuity, check the box that applies. If you are the recipient of a distribution from a qualified plan, IRA, or annuity, check the box that applies. If you are the recipient of a distribution from a qualified plan, IRA, or annuity, check the box that applies.

8 Additional income from Schedule 1, line 10

9 Add lines 1j, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**

10 Adjustments to income from Schedule 1, line 26

11 Subtract line 10 from line 9. This is your **adjusted gross income**

12 **Standard deduction or itemized deductions** (from Schedule A)

13 Qualified business income deduction from Form 8995 or Form 8995-A

14 Add lines 12 and 13

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

Attach Sch. B if required.

**Standard Deduction for—**

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under **Standard Deduction**, see instructions.

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	
	<b>26</b>	2024 estimated tax payments and amount applied from 2023 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	
Direct deposit? See instructions.	<b>b</b>	Routing number	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	<b>d</b>	Account number		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2025 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes</b> . Complete below. <input type="checkbox"/> <b>No</b>		
	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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature (If a joint return, <b>both</b> must sign.)	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
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Firm's name	Phone no.
Firm's address	Firm's EIN