



Financial Assistance Guidelines

2024-2025 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 2024-2025 school year is \$12,550 per student. Tuition for the upcoming year has been set at \$6,250. 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 2023 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' 2024-2025 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 2023 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, Angie Schmidt, at (605) 886-0672 or aschmidt@gplhs.org.



Application for Financial Assistance

2024-2025 School Year

Family Information

Table with 3 columns: A. Name of Students attending GPLHS, Year of Graduation, Home Congregation. Section B: Person responsible for payment (Relationship to Student, Name, Address, City, State, Zip, Home Phone #, Work Phone #). Section C: Parent/Guardian (If different from B).

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. 2023 Gross Income earned by:

1. Father/Stepfather/Male Guardian \$ _____

2. Mother/Stepmother/Female Guardian \$ _____

3. TOTAL GROSS INCOME (Include ALL Forms of Income) \$ _____

4. Adjusted Gross Income as reported on 2023 IRS Form 1040/1040A/1040EZ \$ _____

B. 2023 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)*

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. 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.

IMPORTANT: Please attach a signed photocopy of your 2023 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 2024-2025 school year is July 1, 2024.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, 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) Married filing jointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS) Check only one box. 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: _____

Digital Assets At any time during 2023, 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

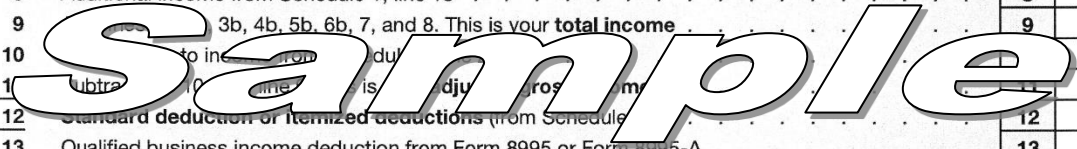
Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes 'Dependents (see instructions):' and 'If more than four dependents, see instructions and check here'.

Income section table with columns 1a-1z. 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). 1z Add lines 1a through 1h.

Table with columns 2a-6b. 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.

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 3b, 4b, 5b, 6b, 7, and 8. This is your total income. 10 Subtract line 10 from line 9. This is your gross income. 11 Subtract line 11 from line 10. This is your adjusted gross income. 12 Standard deduction or itemized deductions (from Schedule 1). 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.



Tax and Credits	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	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

Payments	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	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 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 2024 estimated tax	36

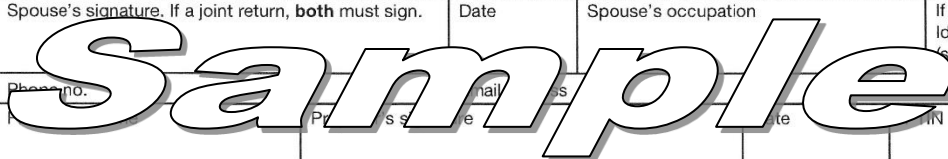
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37
	38	Estimated tax penalty (see instructions)	38

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes. Complete below.** **No**

Designee's name _____	Phone no. _____	Personal identification number (PIN) _____
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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, both must sign. _____	Date _____	Spouse's occupation _____	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____



Paid Preparer Use Only

Firm's name _____	Phone no. _____
Firm's address _____	Firm's EIN _____

Check if: Self-employed