



Financial Assistance Guidelines

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 \$6,565. 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 (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.

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 2024 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 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) 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: _____
 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

Table with 6 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 instructions for dependents.

Income section table with rows 1a through 1z. Includes instructions: Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

Table with rows 2a through 3b. Includes instruction: 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.

Table with rows 4a through 15. Includes a large 'Sample' watermark across the table.

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	2024 estimated tax payments and amount applied from 2023 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	
Direct deposit? See instructions.	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 2025 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)

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.)

Sample

Paid Preparer Use Only

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