



**ST. PAUL'S**  
LUTHERAN CHURCH & SCHOOL

**St. Paul's Endowment Sub-Fund "D"**  
**Waldemar H. Beckmann Scholarship Fund**  
**Application Due July 15 each year**

This application must be completed in full and postmarked or personally delivered in an envelope addressed to: St. Paul's Admission Counselor, St. Paul's Lutheran School, 8601 Harrison Ave., Munster IN 46321, by **July 15** prior to the school year for which a scholarship is requested. The Scholarship Committee will process all timely filed applications and you will be notified of the Committee's decision. This application is valid for only the upcoming school year. Complete terms and regulations for the Beckmann Scholarship Fund are available from the Admission Counselor. "Applicants" are defined as the person(s) who are financially responsible for the student, usually both parents.

Names of applicants: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Day phone number: \_\_\_\_\_ evening phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_ employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ employer: \_\_\_\_\_

Names and grades of each child for whom a scholarship is requested:  
\_\_\_\_\_  
\_\_\_\_\_

Names and ages of other children for whom the applicants are financially responsible:  
\_\_\_\_\_  
\_\_\_\_\_

Total gross income from last year's Federal income tax return  
(you must attach copies of w-2's and tax return): \$ \_\_\_\_\_

Total annual expenses  
(you must complete "Attachment D3" on the reverse side): \$ \_\_\_\_\_

Net income: \$ \_\_\_\_\_

Scholarship amount requested for the coming school year: \$ \_\_\_\_\_

Member of the following church: \_\_\_\_\_  
(City/state): \_\_\_\_\_

**Attach a separate page with any other relevant information that you wish to be considered.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Applicant's signature)

You must list below your average monthly expenses in full. Place a zero on any line for which there is no expense. If you have annual, semi-annual or quarterly expenses, adjust to monthly by dividing by 12, 6, or 3, as applicable.

<b>Description</b>	<b>Monthly Amount (\$)</b>
Mortgage or rent (include any 2 <sup>nd</sup> homes)	_____
Food	_____
Gas & electric utility bills	_____
Water	_____
Telephones	_____
Cable TV & internet access	_____
Clothing	_____
Gasoline	_____
Motor vehicle payments	_____
Motor vehicle Insurance	_____
Motor vehicle license fee & excise taxes	_____
Federal & State Income tax (prior year)	_____
Real estate taxes	_____
Medical, dental & vision insurance premiums	_____
Life insurance & disability insurance premiums	_____
Home or apartment insurance premiums	_____
Newspaper & periodical subscriptions	_____
Church contributions	_____
St. Paul's tuitions, books and fees (including the student(s) for who aid is being applied)	_____
Other charitable contributions and gifts	_____
Retirement & savings	_____
Vacation	_____
Entertainment	_____
Credit card & other debt payments	_____
Other	_____
Other	_____
<b>Total Average Monthly Expenses</b>	_____
	<b>X 12</b>
<b>Total Average Annual Expenses</b>	_____