



EC and K-8 Helping Hands Scholarship Request Form

Dear Scholarship Committee,

This is a request for tuition assistance from _____ (school family name) to support the Lutheran education of my/our student/s listed:

_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

to attend St. James Lutheran School in the school year 2025-2026.

I/We are requesting _____ dollars per student to help defray the costs of a valuable, classical Lutheran education.

Please enclose a tuition assistance check of your support with this form to:

St. James Lutheran School

Attn: Business Office

800 Cincinnati Street

Lafayette, 47901

Thank you for your prayerful consideration and support,

Signature

Date

CHURCH

800 Cincinnati Street, Lafayette, IN 47901
 (765) 423-1616 www.stjameslaf.org

SCHOOL

615 N. 8th Street, Lafayette, IN 47901
 (765) 742-6464 www.mysjls.org