



EC and K-8 Church Partner Scholarship Request Form

Dear Pastor/Church Leader,

This is a request for tuition assistance from your congregation member/s in good standing, (family name) _____, at (church name) _____ to support the Christian 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