



2023-2024 INDEXED TUITION APPLICATION

In order to be considered for Indexed Tuition, please:

1. Complete and sign this application, and
2. Provide proof of income documents:
 - 2021 IRS tax return or W-2 forms, **AND**
 - One recent month of paycheck stubs from all working adults in the household.
 - Benefits letters for anything listed in Section 4
 - Employer letters verifying cash income (example: housekeeping, day labor, etc.)

1. Lumin Enrolled Student's Full Name(s)/Current (2022-23) Grade(s):

<u>Name</u>	<u>Grade</u>	<u>Name</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Household Member Names, not including Lumin enrolled student(s):

<u>Adults</u>	<u>Other Children</u>
_____	_____
_____	_____
_____	_____

3. **GROSS** Income per paycheck -- **before payroll deductions** (check how often paid):

Member 1 \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> every other week <small>(i.e., every other Friday)</small>	<input type="checkbox"/> 2x/mo. <small>(i.e., 1st & 15th)</small>	<input type="checkbox"/> monthly
Member 2 \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> every other week <small>(i.e., every other Friday)</small>	<input type="checkbox"/> 2x/mo. <small>(i.e., 1st & 15th)</small>	<input type="checkbox"/> monthly
Member 3 \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> every other week <small>(i.e., every other Friday)</small>	<input type="checkbox"/> 2x/mo. <small>(i.e., 1st & 15th)</small>	<input type="checkbox"/> monthly

If Self-Employed \$ _____ weekly monthly annual

4. Other Incomes per Month:

Social Security/Retirement	\$ _____	Child Support	\$ _____
TANF	\$ _____	Unemployment	\$ _____
Food Stamps	\$ _____	Other (specify)	\$ _____

I certify that the above information is, to the best of my knowledge, true and correct and agree to provide current proof of income. I understand that failure to provide adequate proof of income will make me ineligible for Indexed Tuition. Please add any other special financial circumstances you would like us to consider.

Signature of Parent/Guardian

Printed Name

Phone Number

Date