



Immanuel Lutheran Church

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(320) 328-5522

STUDENT TUITION REIMBURSEMENT FORM

Requests are to be submitted in writing to the church Office Manager no later than September 30th of the school year. Board of Deacon's will advise Council at the October meeting once approved funds will be available in January. Prior to receiving funds, a copy of receipt of payment to the participating school will be submitted to the church office manager no later than Dec. 1 of that school year

APPLICANT DATA: (PRINT PLEASE) Date: _____

Student Name ONE STUDENT PER FORM

First: _____ Middle: _____ Last: _____

Birthdate: _____ **Current Grade Level:** _____

Parents Name: _____

Present Address: _____, **City:** _____,

State: _____, **Zip Code** _____

Telephone Number: _____ **Email:** _____

SCHOOL DATA

School Level on Reimbursement: (Circle One)

High School Student-9-12 / \$1500 | Middle School Student-5-8 / \$750 | Grade School Student-K-4 / \$500
| Preschool Student / \$250

School That Your Attending: _____

Synod Affiliation: _____

School Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Telephone Number:** _____

Check Designate To: _____

OFFICE NOTES: Approve Date: _____

Check Made Out To: _____

Dollar Amount Approved: _____ Check # _____