

REACH, TEACH, SEND IN CHRIST

Wyneken Memorial Lutheran School

11565 North U.S. 27

Decatur, IN 46733

Phone (260) 639-6177

Fax (260) 639-3050

Principal – Andrew Gavrun

Income Verification Form
2024-2025 School Year

This document is only to be used when a 2023 tax return is not available **or** if household income is different from what is stated on the 2023 tax return. This form, the income calculation worksheet on page two, and the documentation used to verify the household income must be kept in the student's application file.

Student Name: _____ Parent/Guardian's Name: _____

School Name: Wyneken Memorial Lutheran School School Number: A045

Total household income from the Income Calculation Worksheet: _____

Total household size: _____

What documentation was used to verify household income? (*Check all that are applicable*)

- W-2
- Pay Stub
- Unemployment Compensation Statement
- Social Security Benefits Statement
- Pension or Annuity Statements
- Retirement or Investment Account Statements
- Military Retirement Benefits Statement
- Employer Statement on Company Letterhead
- Other: _____

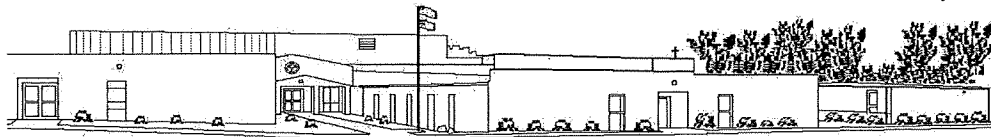
What is the reason a 2023 tax return is not provided or is inaccurate? _____

If the above documentation cannot be provided, please explain why: _____

By signing below, I certify that the above information is accurate to the best of my knowledge and understand that providing inaccurate information may result in a denial or forfeiture of the scholarship.

Parent/Guardian Signature: _____ Date: _____

Through Jesus Christ, it is the mission of Wyneken Memorial Lutheran School to REACH children with the love of Christ, TEACH them of God's Word and world, and SEND them out as faithful stewards in God's Kingdom.



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Household Size Verification Form

2024-2025 School Year

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Student Name: _____ Parent/Guardian's Name: _____

School Name: Wyneken Memorial Lutheran School School Number: A045

Total household size: _____

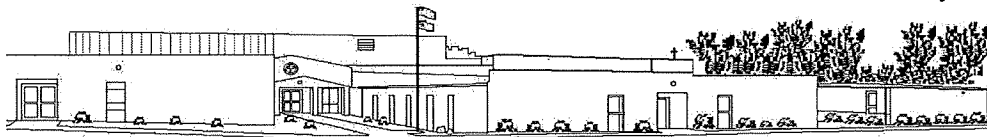
Explanation for why the household size differs from the 2023 Federal Tax Return or

why a 2023 Federal Tax Return is not provided: _____

By signing below, I certify that the above information is accurate to the best of my knowledge and understand that providing inaccurate information may result in a denial or forfeiture of the scholarship.

Parent/Guardian Signature: _____ Date: _____

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Household Income Calculation Worksheet

Annual total should be entered for each item. (Calculate monthly payment x 12; bi-monthly payment x 24, etc.)

	Income Type	Household member name:	Household member name:	Household member name:	Household member name:	Household member name:
Earnings from Work	Adjusted Gross income from taxes: -OR- Gross income from W2 or calculated income from paystubs, statements, etc.	\$	\$	\$	\$	\$
	Net Income from Self-owned Farm or Business	\$	\$	\$	\$	\$
	Strike Benefits, Unemployment Compensation, and Workers' Compensation:	\$	\$	\$	\$	\$
Welfare/ Child Support/ Alimony	Public Assistance Payments/Welfare Benefits:	\$	\$	\$	\$	\$
	Alimony or Child Support Payments:	\$	\$	\$	\$	\$
Retirement /Disability Income	Regular Distributions From Pensions, Retirement Income, Veteran's Benefits:	\$	\$	\$	\$	\$
	Social Security:	\$	\$	\$	\$	\$
	Supplemental Security Income:	\$	\$	\$	\$	\$
	Disability or Life Insurance Benefits:	\$	\$	\$	\$	\$
Other income	Other income:	\$	\$	\$	\$	\$
Totals for each household member:						
Total Household Income:						
<i>(Add the totals for each household member)</i>						

Documents used for verification (include copies):
Comments:

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