



## *Financial Assistance Guidelines*

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### *2025-2026 School Year*

The Great Plains Lutheran High School Association recognizes that the cost of Christian secondary education can be challenging, especially for those with limited income. The Financial Assistance Program is designed to help parents meet the cost of this precious Christ-centered training for our youth.

#### **Association Support**

The cost to educate each student at Great Plains Lutheran High School for the 2025-2026 school year is \$12,550 per student. Tuition for the upcoming year has been set at \$6,565. This tuition rate, significantly below actual cost, is made possible by the generous support received from association congregations, organizations, and individuals. This association support is automatically applied to each student who enrolls. Families with the means to do so are encouraged to make a donation to GPLHS to cover all or a part of this association support.

In addition to general association support, further financial assistance is available to those in need. The following guidelines are provided to help families with the financial assistance application process.

#### **Financial Assistance Guidelines**

Financial assistance is available by application to all students who have officially registered at GPLHS for the next school year. In addition to the Application for Financial Assistance, a signed photocopy of the 2024 Federal Income Tax Return (form 1040, 1040A or 1040EZ) is also required. Proof of Social Security, AFDC, or other non-taxable income should also accompany the application.

On the basis of information supplied by the applicants, the Financial Assistance Committee will determine financial need. All applications will be considered in the strictest confidence.

- Those applying by **May 1** will be notified of decisions by **May 15**.
- Those applying by **July 1** will be notified of decisions by **July 15**.

Awards will be credited directly to the recipients' 2025-2026 account according to their chosen payment schedule. Applications should be submitted by July 1 to receive consideration.

The amount of financial assistance in each case will be determined on the basis of financial need and the funds available for this program. Normally, financial grants are limited to 50% of tuition and fees; however, the Financial Assistance Committee may waive this guideline in cases of exceptional need.

#### **How to Apply**

Complete the Application for Financial Assistance and submit it together with a signed photocopy of your 2024 Tax Return (form 1040, 1040A or 1040EZ) and any other required documents to:

**Great Plains Lutheran High School  
1200 Luther Lane NE  
Watertown, SD 57201-8200**

#### **Questions**

If there are questions not answered above, please contact the GPLHS Business Manager, Angie Schmidt, at (605) 886-0672 or [aschmidt@gplhs.org](mailto:aschmidt@gplhs.org).



**Circumstantial Information**

A. Do you have other dependents that look to you for support?

Name	Relationship

B. Have any circumstances arisen in the past year which has caused a change in your level of income?

\_\_\_\_\_ Yes \_\_\_\_\_ No *(If yes, please explain)*

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C. Is unemployment a factor? \_\_\_\_\_ Yes \_\_\_\_\_ No *(If yes, indicate length of time and extent)*

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D. Does the principal breadwinner have any handicaps or disabilities that require special consideration?

\_\_\_\_\_ Yes \_\_\_\_\_ No *(If yes, please explain)*

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E. Do you want travel assistance to be considered in your financial assistance calculation?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, miles you live from GPLHS: \_\_\_\_\_

F. If there is any other information which you feel would assist the committee in considering this application, please provide it below.

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**IMPORTANT:** Please attach a signed photocopy of your 2023 Federal Income Tax Return.

**Signatures**

I certify that the above information is accurate and complete.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**IMPORTANT:** The financial assistance application deadline for the 2025-2026 school year is July 1, 2025.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning \_\_\_\_\_, 2024, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and middle initial \_\_\_\_\_ Last name \_\_\_\_\_ Your social security number \_\_\_\_\_

If joint return, spouse's first name and middle initial \_\_\_\_\_ Last name \_\_\_\_\_ Spouse's social security number \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. \_\_\_\_\_ Apt. no. \_\_\_\_\_ Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  You  Spouse

**Filing Status**  Single  Head of household (HOH)  
 Married filing jointly (even if only one had income)  
 Married filing separately (MFS)  Qualifying surviving spouse (QSS)  
Check only one box.  
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_  
 If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): \_\_\_\_\_

**Digital Assets** At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1960  Are blind **Spouse:**  Was born before January 2, 1960  Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):
				Child tax credit <input type="checkbox"/>
				Credit for other dependents <input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Income**

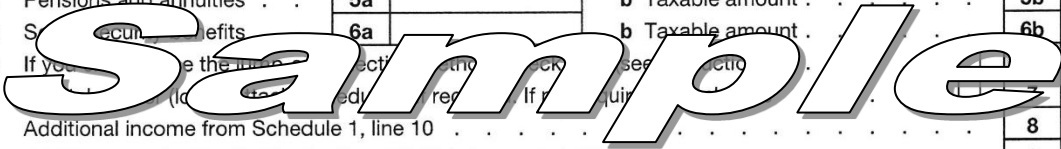
<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>
<b>b</b> Household employee wages not reported on Form(s) W-2	<b>1b</b>
<b>c</b> Tip income not reported on line 1a (see instructions)	<b>1c</b>
<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>
<b>e</b> Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>
<b>f</b> Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>
<b>g</b> Wages from Form 8919, line 6	<b>1g</b>
<b>h</b> Other earned income (see instructions)	<b>1h</b>
<b>i</b> Nontaxable combat pay election (see instructions)	<b>1i</b>
<b>z</b> Add lines 1a through 1h	<b>1z</b>

**Attach Sch. B if required.**

<b>2a</b> Tax-exempt interest	<b>2a</b>	<b>b</b> Taxable interest	<b>2b</b>
<b>3a</b> Qualified dividends	<b>3a</b>	<b>b</b> Ordinary dividends	<b>3b</b>
<b>4a</b> IRA distributions	<b>4a</b>	<b>b</b> Taxable amount	<b>4b</b>
<b>5a</b> Pensions and annuities	<b>5a</b>	<b>b</b> Taxable amount	<b>5b</b>
<b>6a</b> Security benefits	<b>6a</b>	<b>b</b> Taxable amount	<b>6b</b>

**Standard Deduction for—**

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under Standard Deduction, see instructions.



<b>7</b> If you elect the tax treatment for capital gains and qualified dividends (see instructions)	<b>7</b>
<b>8</b> Additional income from Schedule 1, line 10	<b>8</b>
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b>
<b>10</b> Adjustments to income from Schedule 1, line 26	<b>10</b>
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>11</b>
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12</b>
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>
<b>14</b> Add lines 12 and 13	<b>14</b>
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	<b>15</b>

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	
	<b>26</b>	2024 estimated tax payments and amount applied from 2023 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	
Direct deposit? See instructions.	<b>b</b>	Routing number _____	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number _____		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2025 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes. Complete below.**  **No**

Designee's name	Phone no.	Personal identification number (PIN)
_____	_____	_____

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
_____	_____	_____	_____
Spouse's signature (If a joint return, <b>both</b> must sign.)	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
_____	_____	_____	_____

Sample

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
_____	_____	_____	_____	
Firm's name	Firm's address		Phone no.	Firm's EIN
_____	_____		_____	_____