



**Lutheran High School Association**  
 Phone 248-856-0240 | Fax 248-856-0242  
 1100 Bagley, Rochester Hills, Michigan 48309  
[www.lhsa.com](http://www.lhsa.com)

## **LHSA Congregational Support Form**

**Dear Pastor:**

Please complete and return this form to the LHSA office by email ([sirwin@lhsa.com](mailto:sirwin@lhsa.com)) Attn: Sandy Irwin.  
***If possible, please submit this within two weeks of receipt, but no later than March 31, 2024.***

Name of student: \_\_\_\_\_

The above student desires to enroll at an LHSA school. If the student meets the requirements of our school and if you indicate by your signature that the student is a member of your congregation in good standing, we will make every effort to accept him/her as a member of our student body. Tuition contracts for 2024-2025 will be sent to parents in May for payments beginning June 2024.

***Please check one of the following support levels for the above student.***

<input type="checkbox"/>	<b>Level One</b> Congregation: \$2,000 - This is the amount our church will pay for this student for the 2024-2025 school year.
<input type="checkbox"/>	<b>Level Two</b> Congregation: \$1,500 - This is the amount our church will pay for this student for the 2024-2025 school year.
<input type="checkbox"/>	<b>Level Three</b> Congregation: \$1,000 - This is the amount our church will pay for this student for the 2024-2025 school year.
<input type="checkbox"/>	<b>Level Four</b> Congregation: \$500 - This is the amount our church will pay for this student for the 2024-2025 school year.
<input type="checkbox"/>	<b>Level Six:</b> Student will pay the Non-Association rate of tuition.

Is there any reason you would not recommend this student for enrollment?

\_\_\_\_\_

*If more space is necessary, please attach a separate note.*

\_\_\_\_\_
\_\_\_\_\_

Pastor's Signature

Date

\_\_\_\_\_

Congregation Name and City

**LEARNING FOR LIFE!  
LEADING IN TRUTH!**