



**Martin Luther Academy
Church Tuition Assistance Form
(CTAF)**

Please complete the following information, obtain church representative signature, and return this form in a sealed envelope addressed to **Principal, Martin Luther Academy**. Tuition accounts will be credited with the church assistance amount after all signatures have been obtained.

Student Name: _____

Parent/Guardian: _____

Academic Year: _____ **Grade:** _____

Church Information

Name: _____

Address: _____

City/St/Zip: _____

Phone: _____

E-mail: _____

Church Tuition Assistance

Tuition amount \$ _____

Assistance amount \$ _____ or Percentage _____%

Parent/Guardian Signature

Date

Church Representative Signature/Title

Date

MLA Representative Signature/Title

Date