



ST. PETER'S

EV. LUTHERAN CHURCH, SCHOOL AND EARLY CHILDHOOD CENTER



23120 Gratiot • Eastpointe • MI 48021 • (586) 447-9280 • www.stpeterslutheranchurch.net

2023-2024 GSRP Application

Based on income eligibility

_____ Gender: M F _____ (must be 4 before Sept. 1st)
Printed Name of Child Date of Birth

Parent/Guardian 1
Name _____
Address _____
Phone _____
Relation: Father Mother Guardian

Parent/Guardian 2
Name _____
Address _____
Phone _____
Relation: Father Mother Guardian

Email you prefer invoice to be sent to _____

PARENTAL STATUS

___ one parent ___ foster
___ two parent ___ non

NUMBER OF PERSONS

In the house ___
In the family ___

NUMBER OF CHILDREN

In the family ___

RACE

___ American Indian or Alaska Native ___ Native Hawaiian or other Pacific Islander
___ Asian American ___ White
___ Black or African American ___ Hispanic or Latino

List the monthly amount received (before deductions) for each of the following household income sources.

Employment _____
Unemployment _____
Child Support _____
Alimony _____
Pension(s) _____
Retirement SSI _____
Disability SSI _____
Cash assistance _____
Other _____
Total _____

| | |
|---------------------------|-------|
| Office Use Only | |
| Date Returned | _____ |
| Child's birth certificate | Y / N |
| Child's immunizations | Y / N |
| Income verification | Y / N |
| Taken By | _____ |