

ST. JAMES LUTHERAN SCHOOL

TUITION ASSISTANCE REQUEST

It is St. James' desire that all families and students who wish to attend this school be able to do so regardless of financial situations. Therefore, financial assistance is available to any and all students.

FAMILY NAME: _____

STUDENT NAME(S): _____

RESPONSIBLE PARTY NAME: _____

PHONE NUMBER: _____

REQUEST FOR _____ PARTIAL ASSISTANCE: AMOUNT NEEDED = \$ _____

_____ FULL ASSISTANCE

EXPLAIN NEED: _____

The Tuition Assistance Committee will review your request and you will be notified in a timely manner of their decision.

Responsible Party Signature: _____

Date: _____

Amount Granted: _____

Administration Signature: _____

Date: _____

