
St. John School
Application for Local Tuition Assistance

Please Return completed form to: Principal's Office Due Date: June 15
 314 3rd St NE
 Independence, IA 50644

Applicant:

Name _____

Street Address _____

Phone _____

Parish _____

| <u>Student Name</u> | <u>Grade</u> | <u>Tuition</u> | <u>Assistance Requested</u> |
|---------------------|--------------|----------------|-----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Applied for STO: Yes No

Use SCRIP: _____

amount this year

Certification: I certify that the information provided above is true and correct. I hereby authorize St. John Tuition Committee to contact the FACTS administrative agency to verify my qualifying information.

Essay: Please provide a short essay on why you feel your family needs tuition assistance in order to attend St. John School. This helps us determine different levels of need. This form is kept completely confidential and is only reviewed by the selection committee.



Signature: _____ Date: _____