

**SAINT JAMES CHURCH  
EMERGENCY TUITION ASSISTANCE APPLICATION**

Emergency funds for St James School families in grades K-8 are maintained in the St James Church Tuition Assistance Fund to be distributed throughout the school year as needs arise. Emergencies include loss of job, serious illness, death and other life events that could negatively affect a family's ability to pay tuition.

Parent/Guardian Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

**Tuition Payments**

Are your tuition payments currently up-to-date?    Yes    No

If no, what is the amount owed? \_\_\_\_\_

**Tuition Assistance**

Amount of Tuition Assistance Received This School Year:

CEF: \_\_\_\_\_    Choice: \_\_\_\_\_    St. James: \_\_\_\_\_

Other Tuition Assistance: \_\_\_\_\_

Amount of tuition you feel you can pay \_\_\_\_\_

List the financial emergency you're currently experiencing:

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

**Saint James Church  
Emergency Tuition Assistance Application  
Page 2**

**Parish/School Stewardship**

Financial contributions this year to your Church: \_\_\_\_\_

List your Time & Talent contributions this year to your Church and St James School:

---

---

---

---

---

---

**I/we declare that the information on this form is true, correct, and complete to the best of our knowledge.**

Parent/Guardian A \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian B \_\_\_\_\_ Date \_\_\_\_\_

Please submit or mail the completed application to:

Saint James Rectory  
Attn: Business Office  
1826 Edenside Ave  
Louisville, Ky 40204

The Financial Review Board will meet and review your application within 2 weeks of application receipt.

Applicants will be notified by phone regarding application status.

Should you have any questions, please contact the Business Office at 451-1420 ext. 12.