

**SAINT JAMES CHURCH
TUITION ASSISTANCE APPLICATION**

ATTACHMENT A

Note: To qualify for tuition assistance from Saint James, all applicants must have submitted requests to the Catholic Education Fund and Choice Scholarship Fund. A copy of both applications must be included with this form.

Parent/Guardian Name(s): _____

Street Address: _____

City/St/Zip: _____

Telephone: (H) _____ (W) _____

Email: _____

Student Name(s): _____

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 next school year _____

Parish/School Stewardship

Financial contributions this year to your Church: _____

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

(over)

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Tuition Payments

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

If no, what is the amount owed? _____

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

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Please submit or mail the completed application with copies of the CEF and Choice applications to:

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

A completed and signed St. James Tuition Assistance Application must be received in the Business Office by May 17, 2010.

The Financial Review Board will meet and review applications at the end of the school year. Applicants will be notified in writing on or before June 15, 2010

Should you have any questions, please contact the Business Office at 451-1420 ext. 10.

**SAINT JAMES CHURCH
EMERGENCY TUITION ASSISTANCE APPLICATION**

ATTACHMENT B

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:

(over)

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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. 10.