



St. John the Baptist School Student Tuition Assistance Scholarship Application



Please note, this program is subject to change at any time.

DIRECTIONS: All applicants must complete both Part A and B prior to submitting an application.

PART A: General Information

Name: _____ Date: _____

Address: _____

_____ Zip: _____

| Name of Child | 2024-25 Grade Level | Tuition Amount |
|---------------|---------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PART B: Financial Assistance

This part of the application must be completed for all families in need of financial assistance.

Yes No Our family has applied for St. John's Free and Reduced Hot Lunch for the current school year.

Yes** No Our family has applied for the Bishop John Paul Scholarship through the Diocese of LaCrosse.

** If yes, the amount of money awarded to each child:

| Name of Child | Bishop John Paul Amount |
|---------------|-------------------------|
| _____ | _____ |
| _____ | _____ |

Yes No Our family actively participates in the SCRIP program through St. John the Baptist Parish. *If assistance is awarded, the family will be required to purchase SCRIP in the amount that was awarded by the end of the school year.

I am requesting \$_____ for each of my children to assist in paying a portion of their tuition for the 2024-25 school year.

PART C: Temporary Financial Assistance

This portion of the application is for families who are experiencing temporary financial hardship due to an unforeseen situation. Please explain the situation with as much detail as possible.

I am requesting \$_____ for each of my children to assist in paying a portion of their tuition for the 2024-25 school year.

PART D: Verification

I signify that all information included in the application has been completed and is correct to the best of my knowledge. I also acknowledge that I will purchase SCRIP in the amount of assistance awarded by the end of the school year.

Signature of Applicant

Date

Please return the application by September 30, 2024, to St. John the Baptist Parish, 103 N 4th Ave., Edgar WI 54426. Your child can bring it back to school in an addressed envelope. If you have any questions, please call 715-352-3011 or email at bookkeeper@stjohnedgar.org.

Please complete the application by providing all necessary information. **All information on this application will be kept confidential.** All eligible families will be notified in writing via US Postal Service with the amount awarded to them. The amount awarded is determined by the amount of money available and the number of families in need of tuition assistance. **If a family receives assistance it is understood that the family will purchase SCRIP in the amount of the assistance received by the end of the school year.**

To be completed by St. John the Baptist School personnel only

PART E: Scholarship Award

The amount of tuition assistance for the 2024-25 school year is \$ _____

Parish/School Bookkeeper

Date

Pastor

Date