



St. James Catholic School

507 S. Camp St.
Seguin, TX 78155
830-379-2878 FAX 830-379-0047
www.sjcstx.org

Scholarship Application Form

for School Year: _____ - _____

Name: _____ Date: _____

Address: _____ Phone: (____) _____ - _____ Email: _____

Name(s) of children(child):

_____	Grade _____
_____	Grade _____
_____	Grade _____

- Completed application from Hope for Future provided: ____ Yes ____ No
 - Assistance received from Hope for the Future: \$ _____
 - Current school account balance: \$ _____
 - Expected monthly tuition bill: \$ _____ (include monthly After School Care if applicable and indicate ASC included)
 - Monthly amount your family can pay: \$ _____

I understand and agree that if scholarship money is awarded, my monthly tuition payments must be set up on my FACTS account. If my account becomes delinquent due to lack of payments, scholarships monies may be surrendered.

Signature _____ Date _____

Office Use:	
• Rec'd by: _____	Date: _____
• Sent to Tuition Assistance Committee on: _____	Approved on: _____
• Letter to Bookkeeper sent on: _____	By: _____