

DIOCESE OF CHARLESTON

ST. ELIZABETH ANN SETON TUITION ASSISTANCE GRANT

2024-2025 GRANT APPLICATION

Please type or print clearly on all parts of the application

PARENT/GUARDIAN INFORMATION			
Mother/Guardian Name:			
First	Middle	Last	
Mailing Address:			
Street	Apt. #	City	
Daytime #	Evening #	Cell#	
Father/Guardian Name:			
First	Middle	Last	
Mailing Address:			
Street	Apt. #	City	
Daytime #	Evening #	Cell#	

STUDENT INFORMATION –CHILD ONE – For Parent to complete			
Name:			
First	Middle	Last	
Date of Birth			
mm/dd/yy			
CHILD ONE 2024-2025 SCHOOL INFORMATION – For School to complete			
Name of School: HOLY TRINITY CATHOLIC SCHOOL			
City: NMB			
Annual Tuition: \$7900			
Tuition Assistance amount from the school: \$			
Tuition Assistance amount from the parish: \$2357			
Other sources of tuition assistance: total amount \$0			

STUDENT INFORMATION –CHILD TWO – For Parent to complete			
Name:			
First	Middle	Last	
Date of Birth			
mm/dd/yy			

