

St. Joseph's Academy
Lay Family Foundation
Tuition Assistance Fund Application

Name: _____

Address: _____

Email Address: _____ Telephone: _____

Current School: _____

Current Grade: _____

Academic Standing: Please attach transcripts

School Activities: _____

Community Service: _____

Honors/Awards Received: _____

I am committed to academic improvement and it is my goal to attend college.

Applicant Signature

Parent Signature

Date

Date

Please return the completed form by 1/31/22 to:

St. Joseph's Academy
Attn: Sandy Kemp
2307 S. Lindbergh Blvd
St. Louis, Mo. 63131