



**ST. ANDREW'S ELEMENTARY SCHOOL**  
301 S. Buckeye Ave. | Abilene, KS 67410  
785-263-2453

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www.StAndrewsAbilene.com

### TUITION ASSISTANCE REQUEST

Student(s)' Name(s) and Grade Level(s) \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email \_\_\_\_\_

First Parent Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Monthly Income \_\_\_\_\_

Second Parent Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Monthly Income \_\_\_\_\_

Total Monthly Income for Family \_\_\_\_\_

Amount of Family's Monthly Expenses \_\_\_\_\_

Names and Ages of Additional Dependents \_\_\_\_\_

\_\_\_\_\_

Additional important information to consider \_\_\_\_\_

\_\_\_\_\_

Funds will be allotted depending on need. If funds are available to assist your family with tuition, please indicate your willingness to contribute to the school by checking items that you will help with:

Home & School Fundraisers \_\_\_\_\_ School Auction \_\_\_\_\_ Classroom Helper \_\_\_\_\_

Field Trip Driver \_\_\_\_\_ School Clean-up Days \_\_\_\_\_ Other \_\_\_\_\_

I certify that the information provided are, to the best of my knowledge, complete and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_