

SCSM Tuition Assistance Application 08/2020

Student's Name: _____ Age: _____ Application date: _____

Paying Adult's Name: _____ Relation to Student: _____

Mailing Address: _____

Email: _____ Phone: _____

Please briefly explain your need for tuition assistance:

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OFFICE USE ONLY

Approved Denied

Comments:

Committee Member Signatures:

_____ Date: _____

_____ Date: _____

_____ Date: _____