



42685 County Road 12 – Nodine
Dakota, MN 55925
507-643-6440
Email: office@stjohnsnodine.org
Website: stjohnsnodine.org

Tuition Grant / Scholarship Application

Date _____ **School Year** - _____

Parent(s) Names _____

Address _____

Student name(s) and Grade _____

Sibling's names and ages _____

Home Church _____

- 1) Briefly describe your current circumstances and any financial information that will assist the Youth Discipleship Committee in evaluating this request. Your privacy will be maintained.

2) Amount of tuition assistance requested \$ _____

3) The above information is accurate and complete.

Parent(s) Signature

Please return application to St. John's School office by **June 1**

Your application will be reviewed by the Youth Discipleship Committee and you will be contacted after the June meeting.

Amount Approved \$ _____ Date _____

Signed (Youth Discipleship Chairman) _____