



TUITION GRANT AGREEMENT 2026-2027

Between Enrolling School and St. Peter St. Joan of Arc Parish

TO BE COMPLETED BY PARENT/GUARDIAN:

Please complete the top section of this agreement and take to the enrolling school to complete the bottom section.
Once the enrolling school has completed the required information and signed at the bottom left,
return this to St. Peter St. Joan of Arc Parish no later than June 1, 2026.

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE #: _____

REGISTERED PARISHIONER AT: ST. PETER ST. JOAN OF ARC PARISH

ENROLLING SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ POSITION: _____

EMAIL: _____ PHONE #: _____

TO BE COMPLETED BY ENROLLING SCHOOL:

STUDENT NAME	GRADE	TUITION RATE	ED CHOICE	SGO	OTHER ASSISTANCE	REMAINING BALANCE
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

Note: The amount of the SPSJOA Parish Grant will largely be determined after the various other grants and scholarships are applied.

*Enrolling school agrees to invoice St. Peter St. Joan of Arc Parish at the start of the 2026-2027 school year.
St. Peter St. Joan of Arc Parish agrees to pay the amount listed above to the enrolling school by May 1, 2027.*

Enrolling School: _____

Signature: _____

Name: _____

Title: _____