

# TUITION GRANT AGREEMENT 2025-26

## BETWEEN SAINT MARY SCHOOL AND \_\_\_\_\_ PARISH

*Parents: Please complete the top section of this agreement and take to Saint Mary School to complete the bottom section. Once Saint Mary School has completed the required information and signed at the bottom left, a copy will be sent to your parish.*

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Registered Parishioner at: \_\_\_\_\_

Enrolling School: Saint Mary School  
309 East Chestnut Street  
Lancaster, Ohio 43130  
740-654-1632

### To be completed by enrolling school:

Student's Name	Grade	Tuition Rate	Ed Choice Scholarship	SGO Scholarship	Diocesan Tuition Assistance	Remaining Balance	Parish Grant
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total:</b>							<b>\$ _____</b>

**Note: The amount of the grant from the parish listed above will largely be determined after the various other grants and scholarships are applied and a discussion between the school and the parish listed above.**

Enrolling school agrees to invoice the parish listed above at the start of the 2025/26 school year. The parish listed above agrees to pay the subsidy listed above to the enrolling school by March 30, 2026.

**Saint Mary School:**

**Parish**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
Pastor