

**ST. JOHN SCHOOL  
FINANCIAL AID APPLICATION**

Please complete and return this form to Andrea Marquez in the school office or as an attachment to [amarquez@st-johnschool.org](mailto:amarquez@st-johnschool.org).

**St. John School  
120 North 79<sup>th</sup> Street  
Seattle, WA 98103-4688**

Family Name \_\_\_\_\_

Activity \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

**1. Please provide a brief description of any special family circumstances or unusual expenses.**

**2. Why do you want your child(ren) to attend this activity?**

**3. Amount of assistance requested (must indicate a dollar amount):**

\_\_\_\_\_