



UST CATHOLIC SCHOOLS TUITION WAIVER PROGRAM
TUITION WAIVER APPLICATION

(Completed by Participating School's Full-time Faculty or Staff Members)

Date ____ / ____ / ____ Student ID: _____

Name of Participating School _____ City _____

Name of School's Full-Time Employee _____

Employee's Position at the School _____

Employee's Email Address _____

Employee's Home Address _____

City/State/Zip _____

Employee's Home Phone Number (____) _____ Cell Phone Number (____) _____

Name of Person with interest in attending the University of St. Thomas

_____ Relationship to Above Employee _____

Semester of Interest _____ Prospective Student's Email Address _____

By my signature, I certify that the above named employee is a full-time employee in good standing at

_____ Catholic School.

Signature: School Principal

Date

NOTE: Students accepted into the Catholic Waiver Program are ineligible for any additional institutional aid, including UST grants or scholarships.

You must also submit the application each semester.

SCHOOL EMPLOYEE: PLEASE SUBMIT COMPLETED FORM TO UST FINANCIAL AID OFFICE