Financial Aid Office 1032 W. Sheridan Rd. Sullivan Center, Suite 190 Chicago, IL 60646



Scan completed form and upload to https://forms.luc.edu/faoupload

One-Third Tuition Mission Grant Program

Student Name:(Please print)	t Name:		_Loyola ID:(Your 11-digit Loyola ID number begins 0000)	
Student Email:				
This form certifies that you are a qualifuniversity, applied to the specified term your charged tuition, and a sponsoring paid through student loans, but it cannogrants. This form must be completed earlier.	n of enrollment iden agent agrees to pay of be cover by any ε	ntified below. You are the remaining one-thadditional university se	e required to pay one-third of ird. The student portion may be	
Please identify your partnering school/	program:			
Cristo Rey:		Member of a Religious Order working in developing countries:		
St. Ignatius:		International Jesuits:		
Loyola Academy:		Archdiocesan Leadership Program:		
Christ the King:				
Please select the term this grant should be applied (check only one term):				
Fall:	Spring:		Summer:	
Student Signature:				
This section must be completed by the paying sponsor				
Name:Title/Position:				
Email:Phone #:				
Address (where to send the invoice):				
Signature:		Date:	_	
Signature:Date:				