

## Financial Aid Office

1032 West Sheridan Road  
Sullivan Center Room 190  
Chicago, Illinois 60660  
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faupload>



Preparing people to lead extraordinary lives

### 2026-2027 One-Third Tuition Mission Grant Program

**Student Name:** \_\_\_\_\_  
(Please print)

**Loyola ID:** \_\_\_\_\_  
(Your 11-digit Loyola ID number begins 0000)

**Student Email:** \_\_\_\_\_

This form certifies that you are a qualified student eligible to receive a one-third tuition grant from the university, applied to the specified term of enrollment identified below. You are required to pay one-third of your charged tuition, and a sponsoring agent agrees to pay the remaining one-third. The student portion may be paid through student loans, but it cannot be covered by any additional university scholarships, assistantships, or grants. This form must be completed before each term of enrollment.

Please identify your partnering school/program:

Cristo Rey: _____	Member of a Religious Order working in developing countries: _____
St. Ignatius: _____	International Jesuits: _____
Loyola Academy: _____	Archdiocesan Faculty or Staff Sponsored By <u>Big Shoulders</u> : _____
Christ the King: _____	

Please select the term this grant should be applied (check only one term):

Fall: _____	Spring: _____	Summer: _____
-------------	---------------	---------------

\_\_\_\_\_  
Student Signature\*

\_\_\_\_\_  
Date

*\*Typed and digital signatures are not acceptable*

**This section must be completed by the paying sponsor**

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
(Please print)

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

Address (where to send the invoice): \_\_\_\_\_  
\_\_\_\_\_

Signature\* \_\_\_\_\_

\_\_\_\_\_ Date

*\*Typed and digital signatures are not acceptable*