



**ST. JOSEPH SCHOOL DISTRICT**  
**Missouri A+ Scholarship Program**

**Citizenship Waiver Request**  
**A+ Program**  
**Saint Joseph School District**

Date

School Year

Student Name

Parent/Guardian Name

Address

Phone Number(s)

**To Appeal Dismissal due to the Citizenship Requirement:**

State the infraction that was reported and basis for the appeal. Attach any supporting documentation.