

## TUITION ASSISTANCE REQUEST FORM

School Year: \_\_\_\_\_

To receive financial assistance from the parish, it is necessary for parents or guardians to complete this **confidential** application. No child will be denied formation in the Catholic faith due to an inability to pay tuition and fees.

Family Name: \_\_\_\_\_ Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Reason for request: \_\_\_\_\_ Children: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_ Single parent, no other support \_\_\_\_\_

\_\_\_ Unemployed \_\_\_\_\_

\_\_\_ Serious illness in immediate family \_\_\_\_\_

\_\_\_ Recent death in immediate family \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

Total Tuition Due: \_\_\_\_\_ Amount I can pay: \_\_\_\_\_

Amount I would like waived: \_\_\_\_\_

I understand that, if my financial situation should improve, I will make payments toward my family's fees as able. I also understand that this request will be held in the strictest confidence.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Amount waived: \_\_\_\_\_

RE Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy given to parent by \_\_\_\_\_ on Date: \_\_\_\_\_