

St. Francis of Assisi Parish
Faith Formation Financial Assistance Request Form

Application for Tuition Assistance for the following:

Parent Name: _____

Phone Number: _____ Email: _____

(Identify the names of children in each program below)

Elementary Program _____

AYM: Middle/High School _____

Family Program _____

First Reconciliation/Eucharist Sacrament Preparation _____

Confirmation Sacrament Preparation _____

Requested Assistance:

Total Amount of tuition due \$ _____

Amount of tuition you feel you are able to pay for all children attending Faith Formation \$ _____

Amount of assistance requested \$ _____

I will pay the amount owed in: 1 payment _____ 2 payments _____ Monthly _____ Other _____

Date Payments will start: _____

Please indicate below the reason you are requesting financial assistance. All requests for financial assistance are kept confidential.

Signature _____ Date _____

(Parent's Signature)

(Office use only)

Amount of assistance awarded: _____ (Elementary); _____ (AYM)

Amount of assistance awarded: _____ (Home Program)

Amount of assistance awarded: _____ (Sacrament) indicate Sacrament: _____

Approved by: _____

(Program Director's Signature and Date)

Authorized by: _____

(Pastor's Signature and Date)