

Last Name of Child # 1 _____

**Request to the Pastor
for PARISH ASSISTED RATE and/or FINANCIAL ASSISTANCE**

PARISH ASSISTED RATE and/or FINANCIAL ASSISTANCE FOR:

Full Name of Child # 1 _____	Grade _____
Full Name of Child # 2 _____	Grade _____
Full Name of Child # 3 _____	Grade _____
Full Name of Child # 4 _____	Grade _____

A. For the Parish Assisted Tuition Rate:

As a Parishioner of Saint Paul Church, I/we meet the qualifications necessary and would like to apply for the *Parish Assisted Tuition Rate*.

I/We have been officially registered in the Parish for at least 6 months and contribute at least \$350 per year in the budget envelope system.

My/our Budget Envelope Number is _____.

I/We understand that the A.P.S. tuition company will be notified directly and personally by the Pastor when this tuition assistance request is accepted. I/We have signed and dated this request below

B. AND / OR ... Financial Aid:

The total basic tuition cost for my child(ren) would be
(*excluding* the registration fee): \$ _____

Of this tuition amount, I/we could afford to pay: \$ _____

Therefore, the amount of Financial Assistance I/We request
from the Parish is: \$ _____

SIGNATURES:

_____ Date _____

_____ Date _____