

**ST. ALPHONSUS CHRISTIAN FORMATION  
TUITION ASSISTANCE PROGRAM – 2019-20**

**Complete this entire form - Please Print**

PARENT/GUARDIAN NAME (FIRST AND LAST): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STUDENT NAME (FIRST AND LAST): \_\_\_\_\_

GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STUDENT NAME (FIRST AND LAST): \_\_\_\_\_

GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STUDENT NAME (FIRST AND LAST): \_\_\_\_\_

GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STUDENT NAME (FIRST AND LAST): \_\_\_\_\_

GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STUDENT NAME (FIRST AND LAST): \_\_\_\_\_

GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Single parent \_\_\_\_\_ Guardian household \_\_\_\_\_ Number of people in home \_\_\_\_\_

Tuition assistance is **NOT** applied to the \$25.00 non-refundable registration fee OR sacrament program fees.  
**These need to be paid in full.**

Amount of tuition assistance requested: \$ \_\_\_\_\_

Reason for requesting tuition assistance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In return for tuition assistance, I agree to use my time/talent to volunteer in the:  
\_\_\_\_\_ Child Ministry Program \_\_\_\_\_ Youth Ministry Program

I certify that the above information is complete and accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This request will be reviewed and if you are approved, your account will be adjusted and you will be notified by email. Incomplete applications will be returned to the applicant.

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**FOR OFFICE USE ONLY**

Total tuition for family: \_\_\_\_\_ Sacrament fee: \_\_\_\_\_ Confirmation Retreat fee: \_\_\_\_\_

Payment received with registration: \_\_\_\_\_ Tuition assistance request: \_\_\_\_\_

Approved Amount of Tuition Assistance: \_\_\_\_\_ Remaining amount to be paid by family: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_