



ST ALPHONSUS CHRISTIAN FORMATION TUITION ASSISTANCE APPLICATION FORM 2020-21

We are committed to ensuring that all St Alphonsus families can participate in our Christian Formation program. Complete this form to apply for tuition assistance program. Please print. We will review your completed form and communicate the decision to you by email.

PARENT(S)/GUARDIAN(S) NAME (FIRST AND LAST): _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

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: _____

Please list any additional children on a separate piece of paper

AMOUNT OF TUITION ASSISTANCE REQUESTED: _____

Note: Tuition assistance does not apply to the \$25 per family non-refundable tuition deposit, Bible fee, First Communion fee or the Confirmation Retreat fee. The deposit and fees (if applicable) must be paid in full.

BRIEFLY EXPLAIN THE REASON YOU ARE APPLYING FOR TUITION ASSISTANCE:

Tuition assistance recipients are expected to volunteer their time and talent to help the Christian Formation program. We will contact you with opportunities throughout the year.

I certify that the above information is complete and accurate.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE CHRISTIAN FORMATION DEPARTMENT:

Total Tuition: _____ Bible Fee: _____ Communion Fee: _____ Confirmation Retreat: _____

Payment Received with Registration: _____ Tuition Assistance Requested: _____ Approved Amount: _____

Director of Religious Education Signature: _____ Date: _____