

PARISHIONER TUITION ASSISTANCE APPLICATION



2022-2023 SCHOOL YEAR

MEMBERS IN GOOD STANDING ARE ELIGIBLE FOR PARISHIONER TUITION ASSISTANCE. IN ORDER TO BE IN GOOD STANDING, A MEMBER MUST BE REGISTERED AND ACTIVE (ATTENDING) FOR A SUFFICIENT PERIOD OF TIME, USUALLY A MINIMUM OF SIX (6) MONTHS AND USE THE ENVELOPE OR ONLINE GIVING SYSTEM IN SUPPORT OF THE CHURCH.

THE APPLICATION MUST BE COMPLETED AND RETURNED TO THE CHURCH OFFICE NO LATER THAN MAY 20, 2022. COMPLETED APPLICATIONS SHOULD BE TURNED IN TO THE CHURCH OFFICE OR EMAILED TO THE ATTENTION OF ADRIENNE CARROLL, BUSINESS MANAGER, ADRIENNE@STJOSEPHCOLUMBIA.ORG

ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED IN ORDER FOR THE APPLICATION TO BE CONSIDERED. REQUESTS FOR FINANCIAL ASSISTANCE MUST FIRST BE MADE THROUGH FACTS AT THE SCHOOL OF ATTENDANCE, SJS OR CNS. PLEASE NOTE THAT THE APPLICATION MUST BE COMPLETED IN FULL WITH ALL FINANCIAL INFORMATION PROVIDED IN ORDER FOR THE APPLICATION TO BE CONSIDERED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

NAME (PARENT(S)/GUARDIAN(S): _____

STUDENT NAME(S) AND GRADE(S): _____

MASS TIME USUALLY ATTENDED: _____

NUMBER OF YEARS AS ACTIVE PARISHIONERS: _____

AMOUNT RECEIVED FROM ST JOSEPH SCHOOL: _____

AMOUNT RECEIVED FROM CARDINAL NEWMAN SCHOOL: _____

AMOUNT RECEIVED FROM ELIZABETH ANN SETON: _____

AMOUNT RECEIVED FROM OTHER SCHOOL GRANTS: _____

PLEASE INDICATE WHICH SCHOOL YOU ARE REQUESTING ASSISTANCE FOR:

___ ST. JOSEPH SCHOOL

___ CARDINAL NEWMAN SCHOOL

TOTAL ASSISTANCE AMOUNT REQUESTED: _____

PLEASE LIST ANY VOLUNTEER WORK YOU DO AT THE PARISH AND/OR CHURCH MINISTRIES YOU ARE INVOLVED WITH:

PLEASE LIST ANY VOLUNTEER WORK YOU DO AT THE SCHOOL(S) AND/OR PROGRAMS YOU ARE INVOLVED WITH:

IF ASSISTANCE WAS RECEIVED IN YEARS PAST, PLEASE INDICATE THE AMOUNT AND ACADEMIC YEAR FOR WHICH ASSISTANCE WAS PROVIDED. ALSO, LIST FOR EACH YEAR THE TOTAL AMOUNT OF HOURS VOLUNTEERED FOR THE PARISH GARAGE SALE:

PLEASE PROVIDE A DETAILED EXPLANATION WHY ASSISTANCE IS BEING REQUESTED. PLEASE ATTACH ADDITIONAL PAGES IF NEEDED.

I HAVE READ THE SAINT JOSEPH PARISHIONER TUITION DISCOUNT POLICY AND AGREE TO THE PARAMETERS OF THE POLICY.

SIGNATURE: _____

DATE: _____

ENVELOPE NUMBER: _____

PHONE: _____

ADDRESS: _____

EMAIL: _____
