

**Commission for the Catholic Missions Among the Blacks and Indians
Application for Assistance: 2018 - 19 School Year**

Please type or print to complete the following information requested. Incomplete applications will not be reviewed for consideration. All supporting documentation must be attached to application.

Parent or Guardian Names:			
Telephone:	Home:	Cell:	Work:
Religion:	Practicing Catholic:	Yes	No (Circle One)
Church Parish:			
Child(ren) Requesting Assistance:			
Name	Grade	School	
Other Children in the Family:			
Name	Age:	School Attending:	
Employers:	Company Name	How Long?	Gross Monthly Salary
Father			
Mother			
Other Income	Source	Amount	
Father:			
Mother:			
Outstanding Debts	Lender/Type of Debt	Monthly Payment	
Do you Qualify for the Free/Reduced Lunch Program?			Yes No (Circle One)
<p>You Must Also Attach to this Application:</p> <ol style="list-style-type: none"> 1. A letter from the principal attesting to the fact that the child(ren) are registered and in need of financial assistance to pay the remaining balance of their tuition for this school year. 2. A letter from the pastor attesting to the fact that the child(ren) are Catholic. 3. A letter explaining any extenuating circumstances. <p>RETURN TO THE CATHOLIC SCHOOLS OFFICE BY July 1.</p> <p>All applicants must have also completed a FACTS Tuition Assistance Report Online. Principals can assist in this process.</p>			

I/We Certify that all information on this form and in this application packet is true.

Siganture(s): _____ Date: _____