

Commission for the Catholic Missions Among the Blacks and Indians
Application for Assistance

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 Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Religion: Practicing Catholic _____ Yes _____ No (*Check One*)

Church Parish: _____

Child(ren) requesting assistance:

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Other child(ren) in the family:

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

Employer(s): Father: _____ How long? _____

Mother: _____ How long? _____

Gross Monthly salary: Father _____ Mother _____

Other Income(s):	Source	Amount
	_____	_____
	_____	_____

Outstanding Debts:	Lender/Type of Debt	Monthly Payment
	_____	_____
	_____	_____
	_____	_____

Do you qualify for free/reduced lunch program? _____

Please Note: YOU MUST ALSO ATTACH TO THIS APPLICATION:

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. Supporting financial documentation such as last year's federal income tax return and a letter explaining any extenuating circumstances.

PLEASE RETURN TO THE CATHOLIC SCHOOLS OFFICE BY OCTOBER 18, 2013