

# St. Aloysius Religious Education Tuition Assistance Request

2017-2018

Name of parent/guardian requesting assistance: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number where you can be reached during the day: \_\_\_\_\_

Email: \_\_\_\_\_

Children being enrolled in Religious Education:

**Name**

**Grade:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payable to St. Aloysius Religious Education:

1 child=\$300.00 2 children=\$450.00 3 children=\$575.00 4 or more children=\$625.00

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

Please provide information about the reason you are requesting assistance:

Your signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you. If further information is necessary, we will contact you.*

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Initial and print name