

FRANCISCAN EDUCATION FUND

APPLICATION FOR TUITION ASSISTANCE

School Year _____

PLEASE PRINT OR TYPE

Date: _____

Name: _____ Age: _____

Parent Name(s): _____

Mailing Address: _____
(Street Address or PO Box) (City) (State) (Zip Code)

Parish/Mission: _____ Race/Tribe: _____

School presently attending: _____ Previous Grade: _____

School applying for: _____ Next Grade: _____

Are parents divorced or separated? _____ Student lives with: _____

How many children are at home? _____ Are parents working? Father: Y / N Mother: Y / N

Is the family receiving government assistance? Y / N Amount of earnings on W-2 Form for 2023: _____

Source(s) of Family Income: _____

Amount parents can pay: _____ Amount student can pay: _____

Amount requested: _____ Is student passing in all subjects this year? Y / N

Brief description of student's character, leadership and scholarship ability: _____

Reasons WHY this student needs assistance: _____

Signature of Parent or Guardian: _____

Remarks and evaluation from Pastor or Missionary where the student lives: _____

Signature of Pastor or Staff Member: _____

A copy of the 2023 W-2 Form(s) should accompany this request. Date Rec'd: _____

Return to your Pastor/Parish Staff member by July 15.