CATHOLIC FAMILIES ONLY FINANCIAL ASSISTANCE APPLICATION HOLY SPIRIT AND ST. FRANCIS PARISHIONERS

| Father's Full Name: | | | | |
|--|-------------------|-----------------------|--|--|
| Mother's Full Name: | | | | |
| Address: | | | | |
| City: | State: | Zip: | Home Telephone: | |
| Dad's Work Telephone: | | Mom's Work Telephone: | | |
| Email: | | | | |
| Check all that apply: | | | | |
| Holy Spirit Church: registered, active parishioner | | | Parents separated or divorce | |
| St. Francis Church: registered, active parishioner | | | Single Parent | |
| 2020-21 School Year (K-12 | 2 Only) | | | |
| Student's Name: | | | Grade: | |
| Student's Name: | | | Grade: | |
| Student's Name: | | | Grade: | |
| Student's Name: | | | Grade: | |
| Student's Name: | | | Grade: | |
| Answer each question: Students live with: | | | | |
| | | | | |
| Which weekend mass do yo | u regularly atten | d? | | |
| | | - | nas been involved in with your Church during the p | |
| | | | | |
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If you have any information, which you believe would be helpful in making a determination regarding your request for financial assistance, please attach the information and/or provide a written explanation.

YOU MUST RETURN THIS INFORMATION SHEET TO THE BUSINESS OFFICE BY APRIL 17, 2020. All applications must be completed <u>on-line by the due date</u>. See FACTS Grant & Aid Assessment flyer for website information.

IN ORDER FOR THE FINANCIAL AID COMMITTEE TO REVIEW ALL REQUESTS, YOU MUST COMPLETE THE ON-LINE APPLICATION BY THE DEADLINE OF APRIL 17, 2020. OTHERWISE YOU MAY BE HELD RESPONSIBLE FOR FULL TUITION.