

2018- 2019 ACS TUITION ASSISTANCE APPLICATION

Family Information

Name and Address: Mr. and Mrs. Mr. Mrs. Ms.

_____ TX (ZIP) _____

Phone: Home _____ Cell _____

Marital Status: Married in the Catholic Church Single Parent
 Married outside the Catholic Church Divorced
 Other _____

CHILD(REN) FOR WHOM YOU ARE REQUESTING TUITION ASSISTANCE:

Name: _____ 2018-2019 Grade: _____
Currently attending Angelo Catholic School? Yes No

Name: _____ 2018-2019 Grade: _____
Currently attending Angelo Catholic School? Yes No

Name: _____ 2018-2019 Grade: _____
Currently attending Angelo Catholic School? Yes No

OTHER CHILDREN LIVING IN YOUR HOUSEHOLD, GRADES K – 12:

Name: _____ Age _____
School: _____ Grade in 2018-2019 _____

Name: _____ Age _____
School: _____ Grade in 2018-2018 _____

Name: _____ Age _____
School: _____ Grade in 2018-2019 _____

PLEASE GIVE A SHORT SUMMARY OF WHY YOU NEED TUITION ASSISTANCE (PLEASE PRINT).

SIGNATURE OF FATHER

SIGNATURE OF MOTHER

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Parish Information

IN WHICH PARISH ARE YOU CURRENTLY REGISTERED?

- Parish options: Sacred Heart Cathedral, Holy Angels, St. Joseph, San Angelo, St. Mary, San Angelo, St. Margaret, Goodfellow Air Force Base, St. Ambrose, Wall, St. Charles, Eden, St. Mary, Ballinger, St. Therese, Carlsbad, St. Peter, Mertzon, St. Joseph, Rowena, St. Thomas, Miles, St. Boniface, Olfen, O.L. Guadalupe, Eldorado, NOT REGISTERED IN ANY CATHOLIC PARISH

Please circle your answers below.

DO YOU REGULARLY ATTEND SATURDAY/SUNDAY MASS AS A FAMILY IN YOUR PARISH? Yes No

DO YOU REGULARLY CONTRIBUTE TO THE SUPPORT OF YOUR PARISH IN AN IDENTIFIABLE WAY (PARISH ENVELOPES OR DONATION BY CHECK)? Yes No

DO ALL YOUR SCHOOL-AGE CHILDREN (GRADES K-12) WHO ARE NOT ENROLLED IN ANGELO CATHOLIC SCHOOL REGULARLY ATTEND AND PARTICIPATE IN THE RELIGIOUS EDUCATION PROGRAM IN YOUR PARISH? Yes No

DO YOUR CHILDREN WHO ARE ENROLLED IN ANGELO CATHOLIC SCHOOL ALSO ATTEND AND PARTICIPATE IN THE RELIGIOUS EDUCATION PROGRAM IN YOUR PARISH, EVEN IF THEY ARE NOT REQUIRED TO DO SO? Yes No

PLEASE LIST THE ORGANIZATIONS, ACTIVITIES AND PROGRAMS IN WHICH YOU PARTICIPATE IN YOUR PARISH (This information will be forwarded to your pastor for verification.):

Father/Husband: _____

Mother/Wife: _____

Children's Activities (Please list by child's name, so your parish can verify.)

Large empty box for listing children's activities.

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE NOT LATER THAN April 27, 2018. IT WILL BE FORWARDED TO YOUR PASTOR FOR VERIFICATION.