



## Angel Scholarship Tuition Assistance Application

I acknowledge that I am applying for tuition assistance from the Angel Scholarship Fund. The source of this financial assistance is contributions that have been designated to my school that are to be applied toward my child's/children's tuition balance. I understand that completing this application does not guarantee a tuition assistance award as funds are limited and awards are based on family financial need. I certify that all financial information provided for Angel Scholarship Tuition Assistance is true and correct.

School Name \_\_\_\_\_

Child Name(s) \_\_\_\_\_

Parent  
Name(s) \_\_\_\_\_

Parent Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Please return completed application by March 15  
to the Elyria Catholic Philanthropy & Engagement Office, 725 Gulf Rd., Elyria, OH 44035.