



# COMMUNION *of* SAINTS SCHOOL

Dear Parents,

Communion of Saints School has received grant money from private donors who are dedicated to Catholic education. The donors are interested in helping families receive the Catholic education they desire for their children. To assist us in equitably distributing the funds, we are providing the attached Request for Assistance form.

There are 3 months left in this school year. To request assistance for the current school year (20-21), please return the form by March 12. Applications for the 21-22 academic year will be accepted starting March 16<sup>th</sup>.

All inquiries will be kept confidential.

Sincerely,

Mrs. Gerry Whiteley, Principal

Father John McNulty, Pastor

# FINANCIAL ASSISTANCE APPLICATION

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status (please check one):  Single  Married  Separated/Divorced  Widowed

Employment Status (please check one):  Full time  Part time  Unemployed

Have you previously applied for financial assistance?  Yes, If so, when? \_\_\_\_\_  No

Are you currently a Communion of Saints parishioner?  Yes  No

Are you currently receiving unemployment?  Yes  No

Are you currently receiving financial assistance from any other organization?  Yes  No

If yes, from which organizations and how much:

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Please list the first name, last name, gender and date of birth for all dependents living in your household. You may be required to show proof of residency.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

