ARCHDIOCESE OF
NEW ORLEANS
Office of Catholic Schools

COVID19 Tuition Assistance Application

BE SURE TO PRINT CLEARLY OR TYPE

Parent/Guardian Info:

Last Name _____ First Name_____ Middle Initial_____

Mailing Address _____ Apartment# _____

City _____ State _____ ZIP Code _____

Telephone (_____) _____home/mobile (_____) _____work

Email Address _____

Student Info:

LAST, FIRST, MI	GRADE	SCHOOL	Current Tuition Balance 19-20 SY

Employment Status: _____Unemployed   _____Employed Full-time   _____ Employed Part- time

Please provide a detailed explanation of your need for tuition assistance and attach supporting documentation.

Applicant's Signature_____ Date_____

SCHOOL OFFICALS USE ONLY

Principal's Signature_____ Date _____

or

Director of Finance Signature _____ Date _____

Current tuition balance $_____

The Office of Catholic Schools sincerely appreciate your support of Catholic education. Please note a complete application does not guarantee tuition assistance. Applications and supporting documents will be reviewed thoroughly. Applicants and school administrators will be notified of the final decision.