



12801 West Fairmount Avenue
Butler, Wisconsin 53007

(262) 781-4996
Fax: (262) 781-3512

Dear St. Agnes School Families:

St. Agnes school excited about the possibility of helping new or existing St. Agnes School families with their tuition responsibilities through the Tuition Angels Program. Tuition Angels is a program that offers financial assistance to our families who have children in grades K3-8. This program helps many families afford Catholic education.

Your application for the Tuition Angels program requires the following:

- Tuition Angels contract (below)
- A cover letter that explains your unique financial needs as a family
- 2020 Income Tax forms

Please submit completed contract, cover letter and taxes to Mrs. Amy Retzer at 262-781-4996 or retzera@stagneparish.org.



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Parish Tuition Subsidy Contact

School Year: 2021-2022

(Please include your 2020 Income Tax forms with this application)

Family: (Last Name) _____

Parent: (or Guardian) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____

Cell: _____

Work: _____

Number of Children who are attending St. Agnes Day School: _____

Name: _____ (Last Name if Different) _____

Grade: _____

Name: _____ (Last Name if Different) _____

Grade: _____

Name: _____ (Last Name if Different) _____

Grade: _____



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The following is for Office Use Only:

- A. TOTAL TUITION & FEES DUE: _____

- B. Parish Subsidy _ < _____ > _ May not exceed ½ of amount on line A.

- C. Total due by Parent/Guardian: _____

- D. Monthly Payment by Parent/Guardian: _____ Line C divided by:

AGREEMENT & CONDITIONS:

- 1. In seeking the spiritual well-being of my child(ren), I agree to attend, with my child(ren), weekly liturgy at St. Agnes.
- 2. I agree to pay and to be legally held responsible for the stated monthly amount in this contract; as well as all other book fees and other fees.
- 3. I agree to notify the Review Committee in writing, within thirty days of a change in my/our family's financial situation.
- 4. I agree to provide hours of Volunteer Service to St. Agnes Parish each year in which I receive assistance.
- 5. I agree to present a copy of my latest federal income filing.
- 6. I FURTHER AGREE TO REIMBURSE ST. AGES PARISH THE AMOUNT OF THE PARISH SUBSIDY PAID BY THE PARISH FOR MY/OUR FAILURE TO MEET THE ABOVE CONDITIONS IF THE PARISH SO REQUESTS ME/US IN WRITING.

Applicant #1 Signature: _____ Date: _____

Applicant #2 Signature: _____ Date: _____

Pastor Signature: _____ Date: _____

Principal Signature: _____ Date: _____