

St. Romans' Christian Formation
Tuition Assistance Program 2018-2019 *(one form per student please)*

Financial assistance in the form of a scholarship is awarded in accordance with the following criteria: family's written statement about their service or participation in the parish and community and financial need. The amount of the scholarship will be determined by the **Christian Formation Committee**. All information submitted will be treated as strictly confidential.

Financial Assistance is NOT applied to Middle School or High School Retreat Fees. These need to be paid.

Student Name _____
(Last) (First) (Middle)

Address _____
(City) (State) (Zip)

Telephone (_____) _____ Male _____ Female _____

Date of Birth _____ Grade: _____ School: _____
(Student)

Name of Parents/Guardians _____

Occupation of Parents/Guardians _____

Parents/Guardians Email Address _____

Requested Amount to the Committee _____.

Include with this application:

1. Reason for financial assistance:

_____.

2. Family's written detailed statement about their service/participation in the Parish and/or Community (attached to this form)

3. In return for Financial Assistance, I agree to use my time/talent to volunteer in the:

_____ **Child Ministry Program (K-8)** _____ **Youth Ministry Program (9-12)** Initial _____/Date _____
(Please indicate one or both, then initial and date)

I certify that all the statements made in this application are true, complete and correct to the best of my knowledge and belief.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Financial assistance will be for the 2018-2019 catechetical year. **Please submit this form to:**

**St. Roman Parish
Attn: Elizabeth Melendez-Jop
1710 W. Bolivar Avenue
Milwaukee, WI 53221**

******* Please DO NOT write below this line*******

Date: _____

Tuition for this Family: _____

Tuition Registration Fee Owed: _____

Sacrament Program Fee Owed: _____

Retreat Fee Owed: _____

Payment Received with Registration: _____ Check #: _____

\$ _____
Amount of Assistance Approved

_____ Date approved by the Christian Formation Committee

Remaining amount owed, **NOT** covered by assistance: \$ _____

Sent letter to family informing them of decision: _____