

Catholic Elementary School

Tuition Grant Program (CTGP)



Diocese of Buffalo Parishioner Verification Form for the 2019-2020 School Year

To Be Completed by Family—PLEASE PRINT

Parishioner Name: _____ / _____
Parent/Legal Guardian #1 – First Name, Last Name *Parent/Legal Guardian #2 – First Name, Last Name*

Address: _____

_____ City _____ State _____ Zip

Phone: _____ Email: _____

We are registered parishioners of: _____ Parish Name _____ City _____ Pastor: _____

Our child(ren) is/are enrolled at: _____ School Name _____ City _____ Principal: _____

Child #1: _____ Grade for 2019-20 School Year: _____

Child #2: _____ Grade for 2019-20 School Year: _____

Child #3: _____ Grade for 2019-20 School Year: _____

Child #4: _____ Grade for 2019-20 School Year: _____

Our family is dedicated to the faith formation of our child(ren). We attend Mass as a family and support our parish financially and through involvement in parish activities and ministries.

_____ Parent/Legal Guardian Signature _____ Date

_____ Parent/Legal Guardian Signature _____ Date

To Be Completed by Pastor:

The family is registered with our Diocese of Buffalo parish and meets the eligibility criteria for CTGP.

_____ Pastor Signature _____ Date

Pastors, please retain the original document and send one copy of the signed form to the Catholic school where the child(ren) is (are) registered and one copy to the family.