

St. Martha's Church
2595 Pawtucket Avenue
East Providence, RI 02914
Phone (401) 434-4060 Fax (401) 434-4849

**APPLICATION FOR STUDENT FINANCIAL AID FOR CATHOLIC SCHOOLS
FOR 2019 – 2020 School Year**

**YOU MUST BE AN ACTIVE PARISHIONER OF ST. MARTHA'S AND
HAVE APPLIED THROUGH FACTS FOR YOUR APPLICATION TO BE CONSIDERED
(www.factstuitionaid.com)**

FATHER'S NAME: _____

MOTHER'S NAME: _____

ADDRESS: _____

PHONE # _____

E-MAIL: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____

Registered member of the parish and regular participants at weekend mass: ___ yes ___ no

Parents and child/children involvement in parish activities: (Religious Ed, youth group, Rosary & Altar, Altar server, Heritage, etc.) _____

Regular use of budgets: no ___ yes ___ Budget # _____

THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

SIGNED: _____ DATE: _____