

Saint Catherine Labouré School

4020 Derry Street | Harrisburg, PA | 17111 | 717-564-1760

2018 – 2019 Saint Catherine Labouré School Tuition Assistance Application

Page 1 of 2

Application Due Date: May 15, 2018 to Saint Catherine Labouré School

| My initials indicate the Foundation and the appropriate application deadline of April 1 | te applic | ation fee | to FACTS | Grant & Aid | , even if i | t is after the N | Neumann S | Scholars | - | |
|---|--------------------|-------------|-----------------|-------------------|-----------------|------------------|--------------------|-----------------------|----------|--|
| will make me ineligible to app | | | | - | | | the realis | u 50 | o.a.op | |
| Parent/Guardian Names (last, first, m.i.) | | | | | | | | Phone Number | | |
| Street Address | | (| ity State ZIP | | | ZIP | Parish | | | |
| List all students who will be attended | ding Saint | Catherine | Labouré S | school in 2018- | 2019: | | | | | |
| Student Name (last, first, m.i.) | gender | | | birth date | | | | grade in 2018-2019 | | |
| Student Name (last, first, m.i.) | | gender | | birth date | e | | grade in 20 |)18-2019 | | |
| Student Name (last, first, m.i.) | gender | | | birth date | | | grade in 2018-2019 | | | |
| Total number of children in Catho | lic High Sc | :hool: | | | | | | | | |
| Person(s) responsible for paying t | uition: [| □ Both Pa | arents 🗆 | l Father Only | □ Мо | ther Only 🗆 | 1 Other | | | |
| Are the natural parents separated | d? □ Ye | es 🗆 No | | Are the | natural p | arents divorced | d? □ Yes | □ No | | |
| Name | | | Living (Y/N) | Catholic (Y/N) | Employer's Name | | | Gross Annual Wages | | |
| Father: | | | | | | | | | <u> </u> | |
| Mother: | | | | | | | | | | |
| Guardian: | | | | | | | | | | |
| Identify all persons supported on | the above | e stated ir | ncome: | | | | | | | |
| Name | Age | Name | | | Age | Name | | | Age | |
| | | | | | | | | | | |
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Page 2 of 2

| Please explain why you are requesting financial aid (attach an additional sheet if needed): | | | | | | | | |
|---|-----------------------------|--|--|--|--|--|--|--|
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| For non-Catholic families: please initial here that this does not apply to you. | | | | | | | | |
| For Catholic families: This application must be signed by your Pastor. Keep in mind that the a | application is due to Saint | | | | | | | |
| Catherine Labouré School by May 15, 2018. Please allow time for the Pastor to complete the necessary information. If you desire a copy of this application, please copy before giving to Pastor. | | | | | | | | |
| Pastor's Information: | | | | | | | | |
| Dear Father, | | | | | | | | |
| Thank you for your assistance in completing this application. Please answer the questions below. For confidentiality, please forward this entire form (2 pages) directly to Saint Catherine Laboure School, 4020 Derry St., Harrisburg, PA 17111 by May 15, 2018. | | | | | | | | |
| 1. How active is this family in your parish? | | | | | | | | |
| ☐ Not Active ☐ Somewhat Active ☐ Regular Worship ☐ Extra Minis | stries | | | | | | | |
| 2. What is your recommendation regarding granting financial assistance to the applicar | nt? | | | | | | | |
| ☐ Do not recommend ☐ Recommend with reservations ☐ Recommend | ☐ Highly recommend | | | | | | | |
| 3. Please list any other comments you may have: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Pastor's Signature: | Date: | | | | | | | |