

## Office of Elementary Faith Formation | 834 Brookside Drive | Fairfield, CT 06824

# **Tuition Assistance Request Form**

Please complete the form and submit to the Office of Elementary Faith Formation via email to <u>sgarcia@st-pius.org</u> or via USPS to the address above, ATTN: Shari Mellinger.

### **Parent Information**

| Father  |       | Mother |     |  |
|---------|-------|--------|-----|--|
| Address |       |        |     |  |
| City    | State |        | Zip |  |
| Email   |       |        |     |  |
| Phone   |       |        |     |  |

### **Student Information**

| Name | Grade |
|------|-------|
| Name | Grade |

Please select the Tuition Assistance you are requesting:

| L |  |  |  |
|---|--|--|--|
| L |  |  |  |
| L |  |  |  |
|   |  |  |  |

### Multiple Child Discount

\$215 for first child + \$185 per each additional child enrolled

### Hardship Discount

Total Amount of Assistance Requested: \$\_\_\_\_\_ Please explain the reason for request below

#### **Reason for Request:**

\_\_\_\_ Request Approved

<u>For office use only</u> Request Denied Date:

| Date: | / | · , | / |
|-------|---|-----|---|
|       |   |     |   |

Initial\_\_\_\_