



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 sgarcia@st-pius.org 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	
Name		Grade	
Name		Grade	
Name		Grade	
Name		Grade	

Please select the Tuition Assistance you are requesting:

☐ **Multiple Child Discount**
\$250 for first child + \$200 per each additional child enrolled (*Sacrament fees cannot be waived)

☐ **Hardship Discount**
Total Amount of Assistance Requested: \$ _____
Please explain the reason for request below

Reason for Request:

For office use only

___ Request Approved ___ Request Denied Date: ___/___/___ Initial ___