

Religious Education Financial Assistance Application 2024-2025

This form is confidential, and must be completed by the parent/guardian requesting financial assistance. Funds are limited; decision is based on financial need.

Family Name			
		Education Program	
Phone Number		_ Email	
Parent/Guardian 1 Occupation		Place of Employment	
Parent/Guardian 2 Occupation		Place of Employment	
Estimated Yearly	/ Household Incor	ne (check one)	
0Under \$20,000	[]\$20,001-\$25,000	[\$25,001-\$30,000	[]\$30,001-\$35,000
[] \$35,001-\$40,000 [] \$55,001-\$60,000	\$40,001-\$45,000 \$60,001 and above	<pre>[] \$45,001-\$50,000</pre>	[\$50,001-\$55,000
Number of children living in the home		Number of adults living in the home	
Statement of Financial N	Need:		