

## Financial Aid Form

Family Name: \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Child(ren) \_\_\_\_\_ Year: \_\_\_\_\_

Name(s)	Grade

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Financial Aid for:     Religious Education         Vacation Bible School

**Total tuition amount due: \$ \_\_\_\_\_.** (this is how much you are expected to pay)

**Amount able to pay: \$ \_\_\_\_\_.**

(after pray & discussion, this is how much you can pay)

**Amount of grant/aid requesting from Resurrection: \$ \_\_\_\_\_.**

(this is how much of the tuition you are asking Res to discount)

Reasons why you are requesting financial aid:

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Msgr. John A. Dietzenbach, Pastor

Thank you for filling this form out completely. It is required by the Archdiocesan auditors.