



APPLICATION DUE BY MAY 31, 2019

2019/2020 "ANGEL FUND" FINANCIAL ASSISTANCE APPLICATION

(CONFIDENTIAL)

Financial Assistance is designed to help students (K-5th) who cannot otherwise afford to receive the benefits of a Catholic education.

**APPLICANTS MUST BE CONTRIBUTING, REGISTERED MEMBERS OF
ST. EDWARD THE CONFESSOR CHURCH.**

Distribution of financial assistance is made using the following criteria:

1. Financial Need
2. Student applicant must abide by all rules and regulations of St. Edward's Catholic School.
3. Student applicant maintaining a level of achievement consistent with his/her abilities.
4. Monthly payments must be made every month to maintain your application status. If any payments are missed you will be first given a warning, second asked to leave.

In order to receive financial assistance, the application must be completely filled out, and signed by both parents, and returned to St. Edward's Catholic School along with the registration materials and applicable fees for each student for whom you are applying.

*SEPARATED OR DIVORCED PARENTS THAT HAVE INDIVIDUAL TUITION RESPONSIBILITY MUST
EACH SUBMIT A SEPARATE ANGEL FUND APPLICATION*

PROCEDURE:

1. **PREVIOUS YEAR'S TUITION MUST BE PAID IN FULL BEFORE APPLICATION WILL BE CONSIDERED**
2. Complete ALL questions, including the amount you are able to afford, and the amount you are requesting in financial assistance. Applications that are not complete will **NOT** be considered.
3. Make sure the application form is signed in the appropriate places by both responsible parents.
4. Make sure all income, expense, asset, and liability categories are added up correctly.
5. **A COPY OF MOST RECENT IRS TAX FORM 1040 MUST BE ATTACHED.**

NOTE: IN ORDER TO MEET AS MANY NEEDS AS POSSIBLE, EVERYONE IS EXPECTED TO PAY AT LEAST PARTIAL TUITION. ST. EDWARD'S CATHOLIC SCHOOL RESERVES THE RIGHT TO VERIFY ANY OR ALL INFORMATION ON THIS APPLICATION.

CONFIDENTIAL

Financial Assistance Application

(Confidential)

I certify that the preceding financial statement is true and complete. I also consider this agreement for financial assistance for my child(ren) and I desire that he or she be considered "registered" at St. Edward's Catholic School.

Father's Signature

Mother's Signature

Date: _____

Tuition is \$_____per month for all children

I will pay \$_____per month.

Others will pay \$_____per month.

Angel Fund requested is \$_____per month.

FOR OFFICE USE ONLY:

Angel Fund will provide \$_____per month

(To be completed by Angel Fund Committee)

Approved: _____

Reviewed: _____