

**Parish Tuition Assistance Form  
Holy Cross School  
School Year 2015/2016**

**Part A Family Information**

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

Parent/Guardian Name: \_\_\_\_\_

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

Parents Parish: \_\_\_\_\_

Name(s) of Student(s): \_\_\_\_\_ Grade: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Please describe your current PARISH involvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this Parish Tuition Assistance agreement, our family acknowledges our responsibility as described above. We also understand that the Pastor reserves the right to review our consistent use of budget envelopes on a periodic basis to verify the continued receipt of the Parish Tuition Assistance. **We ask that you Prayerfully Discern if you can afford not to accept the full Parish Tuition Assistance Rate. Please indicate how much you would Prayerfully Discern to pay: \$ \_\_\_\_\_ . A schedule of tuition rates is included with this form.**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Until Approved Parish Tuition Assistance forms are received, full tuition rates will apply.

**Part B Pastor Approval: Return to St. Maximilian Kolbe Business Office as soon as possible.**

Parents should submit this form to their Pastor and request the signed form be returned to : Parish Office at St. Maximilian Kolbe Church, P.O. Box 57, Scarborough, Me. 04070.

Name of Parish: \_\_\_\_\_

As Pastor, I verify that the \_\_\_\_\_ family:

1. \_\_\_\_\_ Has met parish requirements to receive Parish Tuition Assistance.

2. \_\_\_\_\_ Has **Not** met parish requirements to receive Parish Tuition Assistance.

Pastor Name: \_\_\_\_\_

Pastor Signature: \_\_\_\_\_ Date : \_\_\_\_\_

