



Tuition Grant Program
Parishioner Verification Form

To Be Completed by Family-Please Print

Parishioner Name: _____ / _____
Parent/Legal Guardian #1 First Name, Last Name Parent/Legal Guardian #2 First Name, Last Name

Address: _____

City State Zip

Phone: _____ Email: _____

We are registered parishioners of: _____ Pastor _____
Parish Name City

Our child(ren) is/are enrolled at: _____ Principal _____
School Name City

Child #1: _____ Grade for 2021-2022 School Year: _____

Child #2: _____ Grade for 2021-2022 School Year: _____

Child #3: _____ Grade for 2021-2022 School Year: _____

Child #4: _____ Grade for 2021-2022 School Year: _____

Our family is dedicated to the faith formation of our child(ren). We attend Mass as a family and support our parish financially and through involvement in parish activities and ministries.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

To Be Completed by Pastor:

The family is registered with our parish and meets the eligibility criteria for Tuition Grant Program.

Pastor Signature Date