

**ST. JOHN THE BAPTIST CATHOLIC CHURCH
SAVAGE, MINNESOTA
REQUEST FOR FINANCIAL ASSISTANCE**

** NOTE : This questionnaire must be filled out entirely for your application to be considered

Person requesting financial assistance _____

Address _____ Phone _____

Occupation _____

Employer _____ Employer Phone _____

Are both parents living at home? YES _____ NO _____

Number of dependent children at home _____ Ages _____

Residence: Currently renting _____ Own home _____

For persons applying for Religious Education Financial Assistance

Students enrolled in St. John's Religious Program:

Name	Grade
_____	_____
_____	_____
_____	_____

Are you a registered member of St. John's Parish? Yes _____ No _____

Total Tuition Fees Owed \$ _____

Amount of tuition you are able to pay \$ _____

List any additional information which would be helpful in analyzing tuition assistance needs

I/We certify by our signature that the information provided here is complete and accurate to the best of my/our knowledge.

X _____ Date _____

X _____ Date _____

FOR OFFICE USE ONLY

REQUEST RECEIVED Date _____
AMOUNT APPROVED \$ _____