



FFF REGISTRATION & SACRAMENT FEE ASSISTANCE

DEADLINE: June 1st

GUIDELINES AND INSTRUCTIONS:

- Complete this form to set up a payment plan and/or assistance for this year's Family Faith Formation Registration and Sacrament fees and submit via email to Elizabeth Hansen, ehansen@stpatselkhorn.org.
- Our Family Faith Formation Advisory Committee will review and award all recipients by July 1st via email.
- Complete all sections of the application. **THE MORE INFORMATION RECEIVED, THE BETTER.**

PART I: Parent/Guardian Information (Only list the parents/guardians who **live with** the dependents listed in Part II.)

Last Name:	First Name:
Relationship to Dependents:	Employment Status:
Occupation:	Cell Phone:
Last Name:	First Name:
Relationship to Dependents:	Employment Status:
Occupation:	Cell Phone:
Address:	
City:	State:
	Zip:
Email Address:	Home Phone:

For Office Use Only: Case #: _____ Total Amt. Fees: _____ Total Reg. Fees: _____ Total Sac. Fees: _____	
Prior Ass't Awarded _____	Prior Year Fees Paid in Full <input type="checkbox"/> Yes <input type="checkbox"/> No (Amt Open _____)
Actions Decided Upon: Assistance Granted <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Amt Granted: _____
Payment Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Amt Registration Fee Granted _____	Amt Sacrament Fee Granted _____
____ Award letter sent out	____ Payment Plan set up
____ Family Information Registration Link Sent	
Describe: _____	

PART II: Dependent Information (Please list all dependents in order of age, starting with the oldest. Include dependents in high school and younger. Information is for the school year assistance is requested for. If you need additional space, please add on another page.)

Dependent 1

Last Name _____ First Name _____
Age _____ Enrolled in School? Yes Grade _____ No
Name of School Enrolled In: _____

Dependent 2

Last Name _____ First Name _____
Age _____ Enrolled in School? Yes Grade _____ No
Name of School Enrolled In: _____

Dependent 3

Last Name _____ First Name _____
Age _____ Enrolled in School? Yes Grade _____ No
Name of School Enrolled In: _____

Dependent 4

Last Name _____ First Name _____
Age _____ Enrolled in School? Yes Grade _____ No
Name of School Enrolled In: _____

Dependent 5

Last Name _____ First Name _____
Age _____ Enrolled in School? Yes Grade _____ No
Name of School Enrolled In: _____

Dependent 6

Last Name _____ First Name _____
Age _____ Enrolled in School? Yes Grade _____ No
Name of School Enrolled In: _____

PART III: Payment Plan and / or Assistance

Registration Fee:

1 Child: \$156
2 Children: \$312
3+ Children: \$430

Sacrament Fees:

1st Eucharist/Reconciliation: \$80
Confirmation (7th): \$55
Confirmation (8th): \$105

I would like to request a payment plan.

Type of Plan: Monthly Weekly

If seeking assistance indicate the amount:

\$ _____ **(Must complete)**

PART V: Special Circumstances

Use the space below to describe any additional special circumstances that may affect your eligibility for assistance. Attach pages as needed.

PART IV: Time and Talent

Please, let us know if you would be able to share your time and/or talent with St. Patrick's Church. Describe below what you are able to provide for time and/or talent. Also, list any activities you are already involved in.

All information provided will be kept under the strictest confidence. Applications are presented to the Tuition Assistance Committee with Case Numbers only, so all names will be anonymous.

Applications are due June 1st for the next school year. Review of these applications will take place as soon as possible after the due date. If circumstances arise after the start of the school year resulting in the need to apply for tuition assistance, applications will be due at your earliest convenience.

Parent or Guardian Signature _____

Date _____