

Participating Parent Scholarship Assistance and / or Payment Plan Request Form – 2009/2010

St. Croix Valley Faith Formation
Serving the Churches of Saint Charles, Saint Mary and Saint Michael

***Unpaid tuition creates a sizeable financial burden on our programs.
Please apply for the funds available or a payment plan if needed.***

Date _____

Family Name _____ Parish _____ Env# _____

Parent(s) Name(s) _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

CHILDREN REGISTERED FOR THE PROGRAM:

| | NAME | AGE | GRADE | SCHOOL/COLLEGE |
|----|-------|-------|-------|----------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

NOTE: Families desiring a 3 to 6 month payment plan, but NOT seeking scholarship assistance should send a letter on the back of this form, to the Director of Corporations, detailing the requested payment arrangement. Volunteer hours are NOT required for approved payment plans unless scholarship assistance has also been requested. (see III below)

Monthly Payment Requested \$ _____ over _____ months

I) Total tuition due for all children attending St. Croix Valley Faith Formation in 2009/2010 \$ _____
Scholarship Assistance requested \$ _____

Have you paid the \$50 per student registration deposit? Y N Annual Household Income: Total \$ _____

List other educational tuition paid and to what institution _____

II) Please write a brief letter, one page only, to Fr. Miller explaining why you are seeking scholarship assistance. This letter will be the primary basis for awarding scholarship funds. Use the back of this form or attach a separate sheet of paper.

III) Any family receiving scholarship assistance is expected to volunteer in some capacity to support the Faith Formation and / or tri-parish programs. The number of volunteer hours required to receive scholarship assistance is 10 per child enrolled up to 30 hours regardless of the assistance requested; i.e., the amount of assistance provided is not based on a per volunteer hour basis.

Parent(s) Signature: _____

All information will be kept confidential. Please complete and return to address below:

Director of Corporations – Confidential
Church of St. Michael
611 So. Third St.
Stillwater, MN 55082

| | | | |
|----------------------|----------|-----------------------|-------|
| OFFICE ONLY | | | |
| Date Received | _____ | Date Family Notified | _____ |
| Contribute to Parish | Y N | Date Program Notified | _____ |
| Amount Granted | _____ | | |