Central Deanery
High School Tuition Aid Fund
Little Rock, Arkansas

CONFIDENTIAL

CENTRAL DEANERY HIGH SCHOOL TUITION ASSISTANCE APPLICATION FORM 2018-19

Note: Complete this form in its entirety and attach all requested documents. Return to your Pastor ***no later than April 20, 2018****. All late applications may not be considered for processing. Your Pastor will sign and forward the completed application to the Tuition Aid Fund Office. You must also complete the online FACTS application by logging onto: https://online.factsmgt.com/aid for tuition year 2018/19 before April 20, 2018.*

I. INFORMATION ABOUT PARENTS/LEGAL GUARDIAN

Please print or type all information

PARENT(S)/GUARDIAN NAME:_____
First **Last**

ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIP CODE**_____

HOME TELEPHONE #:_____ **DAYTIME TELEPHONE #:**_____

NAME OF PARISH WHERE YOU ARE A MEMBER:_____

PASTOR'S NAME:_____

II. INFORMATION ABOUT HIGH SCHOOL STUDENT(S)

1. STUDENT'S NAME:_____
First **Middle** **Last**

NAME OF SCHOOL:_____ **GRADE/FALL OF 2018-19:**_____

2. STUDENT'S NAME:_____
First **Middle** **Last**

NAME OF SCHOOL:_____ **GRADE/FALL OF 2018-19:**_____

3. STUDENT'S NAME:_____
First **Middle** **Last**

NAME OF SCHOOL:_____ **GRADE/FALL OF 2018-19:**_____

Will the Student participate in any sports activities at Mount St. Mary Academy or Catholic High School? If yes, which students: _____

Do you plan for your student(s) to apply in a Work Study Program or any other Tuition Assistance Scholarship Program at Mount St. Mary or Catholic High? If yes, please list student's name(s).

III. FINANCIAL INFORMATION

TOTAL NUMBER OF CHILDREN IN FAMILY:_____ **TOTAL NUMBER OF ADULTS:**_____

TOTAL ANNUAL INCOME: $_____

**Please note: This amount represents the total family income before deductions. Please include wages of all working members, welfare payments; child support, pensions, social security, and all other income.*

PLEASE EXPLAIN THE NEED FOR TUITION ASSISTANCE. IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET:

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Signature of Parent/Guardian **Date**

IV. PASTOR'S PERSONAL COMMENTS AND RECOMMENDATIONS

Pastor, please submit to the Tuition Aid Office no later April 27, 2018.

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_____ _____

Pastor's Signature **Date**

FOR OFFICE USE ONLY

Approved Amount:	$_____	**School:**	CHS	MSM
Approved Amount:	$_____	**School:**	CHS	MSM
Approved Amount:	$_____	**School:**	CHS	MSM

Denied for the following reason: _____

2/09