

**Central Deanery
High School Tuition Aid Fund**
Little Rock, Arkansas

CONFIDENTIAL

**CENTRAL DEANERY HIGH SCHOOL TUITION ASSISTANCE APPLICATION FORM
2017-18**

*Note: Complete this form in its entirety and attach all requested documents. Return to your Pastor **no later than April 21, 2017**. 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 2017/18 before April 21, 2017.*

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 2017-18: _____

2. STUDENT'S NAME: _____
First Middle Last

NAME OF SCHOOL: _____ GRADE/FALL OF 2017-18: _____

3. STUDENT'S NAME: _____
First Middle Last

NAME OF SCHOOL: _____ GRADE/FALL OF 2017-18: _____

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).

