

**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).

**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 28, 2017.***

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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: \_\_\_\_\_