

CONFIDENTIAL

Diocese of Little Rock - St. Gabriel's Tuition Aid Fund for
Catholic Black Elementary School Students
School 2015-2016

Fill out this form and return it to your pastor. **YOUR PASTOR WILL SIGN IT AND HE WILL SEND THE COMPLETED FORM TO MY OFFICE.**

I am a member of _____ Catholic Church.

The yearly tuition charge for _____ School is \$_____.

Names and grades for whom application is made:

Names:	Grade:
_____	_____
_____	_____
_____	_____

Parent(s) or Guardian(s): _____

Address: _____

Phone: _____ Total Number in Family: _____

Total family income before deductions - include wages of all working members, welfare payments, pensions, social security, and all other income:

Total Yearly Income: \$_____

To be considered for St. Gabriel Tuition Assistance you must apply through FACTS GRANT and AID ASSISTANCE at the school you are registering your child.

Indicate the total yearly aid for which you wish to apply (up to ½ the amount of total school tuition; \$_____

If you wish to mention any extraordinary circumstances of expenses, you may do so on the back of this form.

Signature of Parent/Guardian

Signature of Pastor

Pastors, please send the completed form to my office by **May 15, 2015**

Vernell Bowen, M.Ed., Superintendent
Diocese of Little Rock
P. O. Box 7565
Little Rock, AR 72217

FOR USE BY SUPERINTENDENT'S OFFICE ONLY

_____ Approved for aid \$_____

_____ Denied for the following reason:
