

**Participating Parent Scholarship Assistance
And /or Payment Plan Form – 2011/2012**
St. Croix Catholic 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 funds if needed.

Date _____
Family Name _____ Parish _____ Env# _____
Parent(s) Name(s) _____ Phone _____
Address _____
City _____ State _____ Zip Code _____

Are you a Catechist? Y N If so, for what grade? ____
Do you intend on taking advantage of the Catechist tuition assistance? Y N

CHILDREN REGISTERED FOR THE PROGRAM: NAME, AGE, GRADE, & SCHOOL

1. _____
2. _____
3. _____
4. _____
5. _____

*NOTE: Volunteer hours are NOT requested for 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 Catholic Faith Formation in 2011/2012: \$ _____

Scholarship Assistance requested \$ _____

Have you paid the \$50 per student (\$100 per family) registration deposit? Y N

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 requested to volunteer in some capacity to support the Faith Formation and / or any of the tri-parish programs. The number of volunteer hours requested to receive scholarship assistance is 10 for your first child and 5 for every child enrolled after that up to 20 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. If desired, please complete and return to address below:
Eileen Douglass– Confidential
SCCFF
218 E Willard
Stillwater, MN 55082

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| OFFICE ONLY Date Received _____ Date Family Notified _____ Amount Granted _____ |
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