

**St. Michael the Archangel Faith Formation  
Tuition Assistance Request**

Name of parent/guardian requesting assistance: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number where you can be reached during the day: \_\_\_\_\_

Email: \_\_\_\_\_

Children being enrolled in Religious Education:

Name & D.O.B	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Payable to St. Michael the Archangel Parish Education:

1 child=\$300.00    2 children=\$400.00    3 or more children=\$500.00

Amount of tuition assistance being requested:        \$ \_\_\_\_\_

Please provide information about the reason you are requesting assistance:

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you. If further information is necessary, we will contact you.

Approved by: \_\_\_\_\_ Date \_\_\_\_\_