

# Our Lady of Lake Huron Catholic School

## Tuition Assistance Program

### Statement of Purpose

To award a practicing Catholic family whose characteristics and goals represent Christian values in assistance and encouragement toward obtaining a Catholic education for their children at Our Lady of Lake Huron Catholic School.

### Application Requirements

Applicants must be enrolled or seeking enrollment at OLLH School. They must be active members of a Catholic parish and state financial need.

School Year: \_\_\_\_\_

Family Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Name(s) of child(ren): \_\_\_\_\_ Grade(s): \_\_\_\_\_

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

1. Are you committed to providing your child with Catholic education from OLLH Catholic School through 8<sup>th</sup> Grade? \_\_\_\_\_
2. Frequency of Weekend Mass attendance: \_\_\_ frequent; \_\_\_ occasional; \_\_\_ seldom. Please specify any liturgical involvement (lector, eucharistic minister, altar server, greeter, usher, etc.)  
\_\_\_\_\_
3. How are you/your family involved in your parish/OLLH School? (Classroom assistant, lunchroom volunteer, festival worker, bingo worker, raffle ticket sales, lector, Eucharistic minister, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
4. Why do you need tuition assistance? (i.e. lay-off, medical problems, financial difficulty, marital situation, etc.) \_\_\_\_\_
5. Do you/will you utilize the Free and Reduced Lunch Program? \_\_\_\_\_

Tuition Agreement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval by Pastor & amount granted: \_\_\_\_\_