



Financial Assistance Request: *Confidential*
La solicitud de asistencia financiera:
CONFIDENCIAL

Family Name/ Nombre de la familia:

Address/Direction : _____

Phone Number/Numero de telefono: _____

Child Name/ Nombre del Nino(a) _____

Entering Grade/ Grado que va a entrar: _____

Child Name/ Nombre del Nino(a) _____

Entering Grade/ Grado que va a entrar: _____

1. Are you a member of St. Rose of Lima Church? Yes _____ No _____
Es usted miembro de la Iglesia Santa Rosa de Lima? Sí _____ No _____

2. Do you attend Mass at St. Rose of Lima Church? Yes _____ No _____
¿Asisten a misa en la iglesia Santa Rosa de Lima? Sí _____ No _____

3. Are you involved in a ministry at the Church? Yes _____ No _____
If yes, please describe:
¿Participa usted en un ministerio en la Iglesia? Sí _____ No _____
Si la respuesta es sí, sírvase describir:

4. Please briefly describe the reason for requesting financial assistance. Will this need be temporary?
Describe brevemente el motivo de la solicitud de ayuda financiera. Esta necesidad de ser temporal?

5. How much would you be able to pay per month for your child's education?
_____ a month
¿Cuánto puede pagar por mes para la educación de su hijo?
_____ Un mes

6. Would you be able to provide St. Rose of Lima School with a service and/or additional volunteer hours? Please explain.
Usted sería capaz de proporcionar la Escuela Santa Rosa de Lima con un servicio adicional y/o horas de voluntariado? Sírvanse explicar.

*Please return this form with a copy of your most recent 1040 or W-2 tax form.

*Por favor devolver este formulario junto con una copia de su más reciente 1040 o formulario de impuestos W-2.

** This agreement requires you to **complete 50 service hours** as well as be a Booth Captain in the School Fiesta.

** Este acuerdo requiere de usted **para completar 50 horas de servicio**, así como ser un Stand Capitán en la Fiesta escolar.

_____ Fiesta Captain/ Capitan de la Fiesta 20 hours
_____ Fish Fry/ Venta de cuaresma 12 hours
_____ 1 Donation Drive/ un dia de donacaion 4 hours
_____ 1 Guild Event/ un evento del grupo de Guild 4 hours
_____ Jog-a-thon 4 hours
_____ other 6 hours

I have read and understood that I must do and complete the events mentioned above. If I do not work or complete the hours my scholarship will be revoked.

He leído y entiendo que debo hacer y completar los eventos mencionados anteriormente. Si no trabajo o no termino las horas, mi beca será revocada.

Parent Signature: _____ **Date:** _____
Firma de los padres: _____ Fecha

Principal Signature: _____ **Date:** _____



St. Rose of Lima School Tuition Assistance

Name of Family _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Children enrolled in school:

Name _____ Grade _____ Annual Family Tuition _____

Number of persons within your household: _____

(Household means a group of related or non-related individuals who are living as one economic unit and sharing living expenses. Living expenses include rent, clothes, food, doctor bills utility bills, etc....)

Gross Annual Household Income \$ _____

Tuition: \$ _____

CEF: \$ _____

SRL: \$ _____

FACTS \$ 45 _____

Other: \$ _____

Tuition assistance offered (St. Rose of Lima School): \$ _____

Number of monthly payments _____

I agree to pay \$ _____ by the _____ of each month between August and June. This is a confidential agreement that may not be discussed with anyone other than the pastor or principal. Failure to complete service hours or maintain confident may result in loss of tuition assistance.

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_____ Fiesta Captain/ Capitan de la Fiesta **20 hours**

_____ Fish Fry/ Venta de cuaresma **12 hours**

_____ 1 Donation Drive or a donation / un dia de donacaion o una donacion **4 hours**

_____ 1 Guild or room parent Event/ un evento del grupo de Guild o padres de familia **4 hourss** (movie night, Churck E Cheese, fun day, ect.)

_____ Jog-a-thon or a donation /o una donacion **4 hours**

_____ other **6 hours**

Parent Signature

Date:

Principal's Signature

Date: