APPLICATION FORM FOR TUITION ASSISTANCE FOR COLLEGE COURSES

I.   COMPLETED BY PARTICIPANT

Participant Name _____ Phone (H) _____

(W) _____

(C) _____

Address _____
Street   City   Zip

Parish _____City _____

Primary Ministry _____

College Degree(s) _____ College/University _____

_____ College/University _____

COURSE FOR ASSISTANCE _____ Dates _____
Title of Course

_____ Undergraduate Credit at _____College/University

_____ Graduate Credit at _____College/University

Address of College/University_____
Street   City   Zip

Cost per credit _____ Number of credits _____Total cost _____

_____
Participant's signature to verify agreement to pay balance of the tuition cost.

II.   COMPLETED BY PASTOR

Pastor Name _____

Parish _____City _____

_____
Pastor's signature to verify employment at parish, and agreement to assist with tuition costs.

III.   COMPLETED BY DIOCESAN OFFICE

Tuition Assistance Granted Date _____

Notations _____

_____

(Signature)_____
Diocesan Director of Faith Formation and Lay Ecclesial Ministry

E-9
2023