

# School Tuition Assistance

St Vincent dePaul Society

Date \_\_\_\_\_

Parent / Guardian (print) \_\_\_\_\_  
Last First

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Best time & day to be contacted \_\_\_\_\_

Check if single parent or guardian \_\_\_\_\_ Parish Affiliation \_\_\_\_\_

School now attending \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Special Financial Problems (family, medical, utility, rent, employment, etc.) \_\_\_\_\_

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Other sources of tuition assistance that will be received \_\_\_\_\_

Please return form to school office by May 2. A confidential interview will take place between the applicant and SVDP Conference members. Grants will be made before the end of December.