



ST ALPHONSUS CHRISTIAN FORMATION

TUITION ASSISTANCE APPLICATION FORM 2026-27

We are committed to ensuring that all St Alphonsus families can participate in our Christian Formation program. Complete this form to apply for tuition assistance program. Please print. We will review your completed form and communicate the decision to you by email. Please note that Tuition Assistance is only available for our Traditional Christian Formation Program.

PARENT(S)/GUARDIAN(S) NAME (FIRST AND LAST):

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

STUDENT NAME (FIRST AND LAST): _____

GRADE: _____ DATE OF BIRTH: _____

STUDENT NAME (FIRST AND LAST): _____

GRADE: _____ DATE OF BIRTH: _____

STUDENT NAME (FIRST AND LAST): _____

GRADE: _____ DATE OF BIRTH: _____

Please list any additional children on a separate piece of paper

AMOUNT OF TUITION ASSISTANCE REQUESTED: _____

Note: Tuition assistance does not apply to the \$25 non-refundable tuition deposit, First Communion fee or the Confirmation Retreat fee. The deposits and fees (if applicable) must be paid in full.

BRIEFLY EXPLAIN THE REASON YOU ARE APPLYING FOR TUITION ASSISTANCE:

I certify that the above information is complete and accurate.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE CHRISTIAN FORMATION DEPARTMENT: Balance Due: _____
Total Tuition: _____ Communion Fee: _____ Confirmation Retreat: _____
Payment Received with Registration: _____ Tuition Assistance Requested: _____ Approved Amount: _____
Director of Religious Education Signature: _____ Date: _____