



**St. Catherine of Siena and St. Agnes Parish
Life's Journey
Tuition Assistance Form**



Name of parent/guardian requesting assistance: _____

Family Home Address: _____

Family Email Address: _____

Family Phone Number: _____

List children who are enrolled in Life's Journey Program:

Child's Name	Date of Birth	Faith Formation Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fees:

- 1) The registration fee for each child is \$200.
- 2) There is an additional sacramental fee of \$100 for each child preparing to celebrate Communion and Confirmation.

Amount of tuition assistance request: \$ _____

Please provide information regarding the reason you are requesting assistance.

Parent/Guardian Signature: _____ Date: _____

Thank you for your submission. We will contact you with any questions and to provide a status.

Office Use Only:

Date: _____

Approved by: _____ Amount: _____