

St. Joseph School
Subsidy Request Form
2018-2019 School Year

List names and upcoming grades of returning students, as well as any incoming siblings:

- | | |
|----------------------|----------------------|
| 1. _____ Grade _____ | 4. _____ Grade _____ |
| 2. _____ Grade _____ | 5. _____ Grade _____ |
| 3. _____ Grade _____ | 6. _____ Grade _____ |

Signature of Parent: _____ Date: _____

REQUEST FOR PARISH SUBSIDY

St. Joseph Parishioners: RETURN THIS FORM TO THE SCHOOL OFFICE.
All Other Catholic Church Parishioners: SUBMIT THIS FORM TO YOUR CHURCH OFFICE FOR YOUR PASTOR'S SIGNATURE.
They will complete the form and send it to St. Joseph School.
If this form is not submitted, you will be assigned the non-participating tuition rate.

Please check all lines that apply:

___ I confirm that I am a *registered member* of _____ parish and have been registered there for the last 12 months.

___ I agree to attend Mass faithfully *with my child/ren* at the parish where I am registered and will continue to attend Mass at that parish for the _____ academic year.

___ I agree to actively support the parish by participating with time, talent and treasure (using the parish envelope system. Contributions must be made using the "Parish Sacrificial Giving" Envelope - Donations to other funds (5th Sunday, Haiti, Parish Charities, etc.) are not considered for subsidy eligibility.

ELIGIBILITY

Please check all lines that apply:

___ I meet the requirements and I am requesting the parish subsidy for my child/ren to attend St. Joseph School. As a result, my family will receive the reduced PARTICIPATING tuition rate.

___ I do not meet the subsidy requirements and I understand that as a result, my family will be charged the NON-PARTICIPATING tuition rate.

___ Written appeal for subsidy eligibility to Subsidy Review Committee attached.

___ We are non-Catholic and will be paying the Non-Catholic tuition rate.

Please print full parent(s) name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ E-mail: _____

Pastor or Delegate: _____ Date: _____

Please note: If you have moved your parish membership during the previous calendar year contributions, you will need to have 2 Subsidy Request forms signed – one from each parish. Each parish will be assessed ½ of the subsidy amount.

*The St. Joseph subsidy policy is based on the **last** calendar year contributions and level of parish participation. It is necessary that you remain registered, active and financially supportive of one parish for the duration of the academic year for which you are requesting subsidy.*