

# St. Aloysius Religious Education Tuition Assistance Request

2011-2012

Name of parent/guardian requesting assistance: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number where you can be reached during the day: \_\_\_\_\_

Your Email: \_\_\_\_\_

Names of children being enrolled in Religious Education: \_\_\_\_\_

\_\_\_\_\_

Amount of tuition assistance being requested: \$ \_\_\_\_\_

Please provide some information about the reason you are requesting assistance:

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Initial and print name