



# HOLY ANGELS SCHOOL

20 Reiner St. Colma, CA 94014 \* Phone (650) 755-0220 \* Fax: (650) 755-0258  
Website: www.holyangelscolma.org

## TUITION ASSISTANCE APPLICATION

Family Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_

Number in Immediate Family: \_\_\_\_\_ Number of Wage Earners in Household: \_\_\_\_\_

Number of children attending Holy Angels School: \_\_\_\_\_

Name(s) and Grade(s) \_\_\_\_\_

\_\_\_\_\_

\*This page will be removed prior to committee review\*

To qualify for financial assistance, the following requirements must be met:

1. The parent(s) must make a formal application (to be submitted annually).
2. The student's citizenship and academic record must be satisfactory.
3. The student's attendance record must be within acceptable limits.
4. Parents are to submit responses to all questions on this application form and must supply the information requested.
5. Parents are to submit their latest tax return form along with this application.

**Families currently enrolled and attending Holy Angels School will have first priority should funds become available.**

Date: \_\_\_\_\_ Signed \_\_\_\_\_

### RECOMMENDATION OF COMMITTEE



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Do you pay other tuition fees (high school, college)? \_\_\_\_\_

School \_\_\_\_\_ Annual Amount \_\_\_\_\_

School \_\_\_\_\_ Annual Amount \_\_\_\_\_

School \_\_\_\_\_ Annual Amount \_\_\_\_\_

### Parents' Annual Income

Salary and Wages BEFORE Taxes: Father \_\_\_\_\_ Mother \_\_\_\_\_

Child Support/Alimony \_\_\_\_\_ Other Income \_\_\_\_\_

Please list any additional facts which will help us in evaluating your request for a grant:

Date: \_\_\_\_\_ Is this a new request? \_\_\_\_\_ Renewal? \_\_\_\_\_

**Return the completed form by June 15**