



HOLY ANGELS SCHOOL

20 Reiner St. Colma, CA 94014 * Phone (650) 755-0220 * Fax: (650) 755-0258 * Website: <http://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 _____

How much tuition do you think you can pay? _____

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