

## **2023-2024 GUARDIAN ANGEL**

### **APPLICATION**

**Saint Peter Church Tuition Assistance/To help pay a portion of annual tuition cost\*\***

**For Registered Parishioners of Saint Peter Catholic Church, Elizabethtown, PA**

**DEADLINE: Monday, July 3, 2023**

PARENT(s)/GUARDIAN(s) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL \_\_\_\_\_

CHILDREN – ELEMENTARY SCHOOL NAME \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

CHILDREN – HIGH SCHOOL NAME \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

*We have a few questions about the school tuition and other sources of tuition assistance.*

***SCHOOL TUITION***

What is the total tuition you are required to pay per child?

***YOUR EXPECTED CONTRIBUTION TOWARDS TUITION***

What are you planning to pay for each child?

***REQUESTED AMOUNT FROM GUARDIAN ANGEL PROGRAM***

What amount of assistance are you requesting per child?

You will be notified of the award amount within 4 weeks of receipt of application. Guardian Angel grants are sent via electronic transmission to the school. Thank you!

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***\*\* The Saint Peter Guardian Angel annual tuition assistance program is funded by generous donations from parishioners and profits from the Scrip gift card program. Available amounts vary year to year based on amount of contributions received. \*\****

