REQUEST FOR ELEMENTARY SCHOOL FINANCIAL AID

DIOCESE OF FALL RIVER DEPARTMENT OF EDUCATION

I hereby request thataid at Holy Family - Holy Name	School for my child(re		sh provide financial e listed below:
NAME OF STU	NT GRADE ENTERING		ERING
-			
Budget Number		Parent's Signature	
Phone Number	Street Address		-
	City	State	Zip
I certify that the family named above	e is registered in this paris	n and supports the Parish Pastor's Signature	within its means.

PLEASE NOTE: You will need to call your parish rectory to make an appointment to meet with your pastor to apply for financial aid. Please review this form with your pastor at that time and return the completed and signed form to school by **MARCH 16, 2017.**

St. Lawrence Rectory 508-992-4251 Holy Name of the Sacred Heart Rectory 508-992-3184 or contact your individual parish

Holy Family – Holy Name School 91 Summer Street, New Bedford, MA 02740

Phone: 508-993-3547 □ Fax: 508-993-8277 □ www.hfhn.org