

**REQUEST FOR ELEMENTARY SCHOOL FINANCIAL AID
DIOCESE OF FALL RIVER DEPARTMENT OF EDUCATION**

Parents who enroll their child(ren) in the school of any Catholic parish may request financial assistance from their home parish. Eligibility for financial assistance requires that parents be registered members of the parish from which they are requesting aid and that they support the parish within their means. The amount of assistance to be provided by a parish is usually \$300 per pupil, per year. This form is due at the school **ASAP** for the following school year.

I hereby request that _____ Parish provide financial aid at Holy Family - Holy Name School for my child(ren) whose name(s) is/are listed below:

NAME OF STUDENT

GRADE ENTERING

School Year

Parent's Signature

Phone Number

Street Address

City State Zip

I certify that the family named above is registered in this parish and supports the Parish within its means.

For School Year: _____

Pastor's Signature

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 ASAP.

**Holy Family – Holy Name School
91 Summer Street, New Bedford, MA 02740
Phone: 508-993-3547 ☐ Fax: 508-993-8277 ☐ www.hfhn.org**