



ST. ROSE OF LIMA
RELIGIOUS EDUCATION

38 Church Hill Road
Newtown, CT 06470

dre@strosechurch.com
203-426-2333, Ext. 1

**Request for Financial Assistance for Religious Education
2020 - 2021**

Application # _____

(Private & Confidential – to be reviewed only by Religious Education Financial Assistance Committee and the Pastor).

In order to be considered for financial assistance:

- 1) You must be a formally registered member of the parish, and willing to participate in parish life, and; 2) You must complete this form in its entirety.

Please mail or deliver the completed form to: St. Rose Religious Education, c/o Sr. Mary Ellen Genova, 46 Church Hill Rd, Newtown, CT 06470.

If you have any questions regarding completion of this form, or need to formally register as a member of the parish, please contact the Religious Education office at: 203-426-2333 ext.3.

Family Information:

Mother

Father

Full name: _____

Full Name: _____

Home Address: _____

Home Address: _____

City/St/Zip: _____

City/St/Zip: _____

Mailing Address: _____

Mailing Address: _____

City/St/Zip: _____

City/St/Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Religion: _____

Religion: _____

List all those living in the home (place a “+” next to the name of a member with special needs):

	First Name	Last Name	Year of Birth	Grade in Fall
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____

Financial Information:

\$ _____ Total Amount of Religious Education Tuition & Fees

\$ _____ Total Amount You Will Contribute

_____ # Children in program; List Grades _____
 (We request that you pay the \$35 book fee per child)

\$ _____ Amount of Financial Assistance Requested

\$ _____ Total Yearly Family Income
 If monthly income is variable, please provide details: _____

\$ _____ Total Monthly Family Expenses
 (Monthly expenses should include fixed expenses - home, food, fixed debt, living)

\$ _____ Amount per year you contribute toward the cost of extra-curricular activities for your children:
 List extracurricular activities: _____

Please answer (circle Y if yes; N if no):

Y / N Are you a registered member of the parish?
 (You must be a registered parishioner to receive financial assistance)

Y / N Do you attend Mass?
 If yes, how often? _____ weekly _____ monthly _____ holidays only

Y / N Do you contribute financially to the parish?
If yes, which method? _____envelopes _____ online giving _____cash
(You must use envelopes or subscribe to on-line giving to receive financial assistance. Call the rector if you need envelopes or wish to set up on-line giving: 203-426-1014).

Y / N Do you contribute your time through parish volunteer activities to the parish?
If yes, please list: _____

Please provide comments further summarizing need for financial assistance:

(If more space is needed, please use an additional sheet of paper)

Parent Signature _____ **Date** _____

Office Use:

Date Application Received: _____ Amount Approved: \$ _____

Prior Year(s) Financial Assistance: \$ _____

Reviewed by: _____ Date _____
Member, Financial Assistance Committee

Approved by: _____ Date _____
Pastor, St. Rose of Lima Parish