



**ST. ROSE OF LIMA**  
CATHOLIC SCHOOL

**Tuition Assistance Application**  
**Msgr. Pieri Fund**

For Office Use Only:

FACTS Verification Status: \_\_\_\_\_

FACTS Awarded: \_\_\_\_\_ Rank: \_\_\_\_\_

Msgr. Pieri Awarded: \_\_\_\_\_

Check if this is an Emergency Funds Request:

Committee Review Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ School Year \_\_\_\_\_

FACTS Application Submitted: Yes  No  Date Submitted \_\_\_\_\_

**Funding is not available to PK students.**

PARENT, GUARDIAN, or OTHER ADULT residing with Student:  Father & Mother  Father  Mother  Guardian  Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City, ST Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Occupation/Rank/Title \_\_\_\_\_ If you are self-employed, check this box

PARENT, GUARDIAN, or OTHER ADULT residing with Student:  Father & Mother  Father  Mother  Guardian  Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City, ST Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Occupation/Rank/Title \_\_\_\_\_ If you are self-employed, check this box

**Household Information**

**Number of individuals who will reside in my/our household during the school year:**

Parents/Guardians \_\_\_\_\_ Children \_\_\_\_\_ Other\* \_\_\_\_\_

\*If Other, please explain the relationship to Parent \_\_\_\_\_

**Current Marital Status/Living Arrangement of Parent/Guardian:**

Single, never married  Married  Widowed  Divorced  Divorced/Remarried  Separated  Residing w/ Significant Other

**Dependents:** Number of dependent children who will attend a tuition charging school, Pre-K, elementary school, secondary school, or college in the fall of \_\_\_\_\_. Please list all dependent children in order of oldest to youngest, including college students.

Dependent Last Name	Dependent First Name	Age	Grade in the fall	Name of school student plans to enter in the fall City/State	Applying for Aid? Yes or No	Tuition charged yearly per student	Amount I/we feel I/we can pay next year toward tuition	Amount Requesting for year

Yes, if awarded Tuition Assistance, I would be open to performing additional volunteer duties, as needed.

All information provided will be considered in making the financial assistance decision.