REQUEST FOR CATHOLIC TUITION GRANT

Parent Name:			
Students:			
	, Grade		, Grade
	, Grade		, Grade
	, Grade		, Grade
Parish in which registered:			
Pastor's Name:			
Address of Parish: _			
Envelope/registration #:		Year Registered:	
Samples of Ministries/Parish		irticipate:	
Mary's Parish and School n request my parish to provi	nay contact the paris de the information r	•	participation, and I
Parent signature:		Date:	
submit the completed for to this form directly to the Scho	the St. Mary's School ool Office (mainoffice@	rou are not registered with St. Mary Office. If you are registered with S @smsrockville.org). * * * * * * * * * * * *	t. Mary's, please submit
Dear Pastor or Administra	tor,		
cost-to-educate. This gran Archdiocese of Washingtor	t is offered to Catho n. These subsidies a	ion Grant which is up to \$1,100 p lic families who support their pa re provided through the generos e questions will be helpful to us i	rish within the ity of St. Mary's
The parishioner far	nily is registered wit	th our parish, as indicated.	
The family support	s the parish through	regular use of envelopes or on-	line donations.
The family particip	ates in parish minist	ries/activities.	
		Date:	
Pastor or Administ	rator		