

**St. Joseph's/St. Paul's Catholic School Committee**  
**PO Box 547**

**Greenfield Center, New York 12833**

**(518) 893-7680**

**sjoegctr@nycap.rr.com**

**Application for Catholic Education Tuition Assistance**  
**For 2017-2018 School Year**

**(APPLICATION MUST BE RECEIVED BY THE COMMITTEE NO LATER THAN THE END OF 10:30AM**  
**MASS ON NOVEMBER 12, 2017)**

Our Mission: *St. Joseph's Parish supports the family decision to enroll students in local Albany Diocesan Catholic schools (K-12).*

**Parent Information:**

Name:

Address:

Phone: (Home):

(Daytime):

(Cell):

Father's Occupation:

Mother's Occupation:

**Student Information:**

1. Student Name:

Catholic School Name:

Grade:

Tuition:

2. Student Name:

Catholic School Name:

Grade:

Tuition:

3. Student Name:

Catholic School Name:

Grade:

Tuition:

(over)

## **Family Involvement for Calendar Year 2017:**

1. List Parent activities in St. Joseph's Parish in 2017:
  
2. List Student(s) activities in St. Joseph's Parish in 2017:
  
3. List 2017 Parent activities in the school(s) of each student listed:
  
4. List 2017 Student(s) activities in their school(s):

The St. Joseph Parish Catholic School Committee will review and verify the information provided and will notify the applicant family of any award. Any award will be sent to the appropriate school to the account of the enrolled student.

By my signature below, I hereby authorize members of this committee to verify all of the above information with school and parish officials.

---

Parent Signature

Date