

# St. Peter Tuition Angel Application

2023-2024

## Parent/Guardian Information:

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Taking into consideration all scholarships and deductions for which you have applied, indicate the amount of financial assistance you are requesting for each child attending St. Peter School in grades K-7. For example, if the Jones family applied for \$4,000 per child in scholarships they would request \$2,165 per child of St. Pete's Tuition Angel funds. All financial aid and scholarship awards will go directly to St. Peter School.

## Student Information:

Name	Grade	Amount of Assistance (up to \$3500)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_