

St. Joseph Parish  
**CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION**  
2011-2012

**INSTRUCTIONS:**

Please complete this application and return it to the Religious Education Office with your registration form and the minimum required \$25.00 fee. You will be contacted by phone as to whether or not your application for assistance is approved.

Mailing address:      Registration  
                                 St. Joseph Parish Religious Education Office  
                                 1901 Lincoln Ave.  
                                 Stevens Point, WI 54481

Name of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

A. TOTAL number of dependents (include parent/guardian) in family household \_\_\_\_\_

B. TOTAL household income before deductions: include income of all working members, welfare payments, pensions, child support, Social Security and any other income.

Yearly \$ \_\_\_\_\_

C. Explanation for financial assistance is needed if gross household income is over \$30,000 yearly.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. TOTAL Religious Education Fees \$ \_\_\_\_\_

E. Amount of fees I will pay \$ \_\_\_\_\_

F. Help-study: Our family is willing to put in time to offset the remainder of our fees by helping the Religious Education Office.    yes      no

I certify that all of the above information is complete and accurate.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Financial Assistance accepted

Financial Assistance denied

Family contact date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Initials \_\_\_\_\_

**OFFICE USE ONLY**

Financial Assistance accepted

Financial Assistance denied

Family contact date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Initials \_\_\_\_\_