

**HOLY FAMILY SCHOOL**  
**2016-2017**  
**APPLICATION FOR THE ELIZABETH WRIGHT TUITION ASSISTANCE FUND**

**Note: The 2016-2017 Private School Aid Service (PSAS) Form must be completed to be considered for this assistance**

Last Name: \_\_\_\_\_

Names of Parent(s) or Guardian: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Daytime)

Please list ALL children attending Catholic schools (elementary & high school)

| Child's Name | School | Grade | Tuition |
|--------------|--------|-------|---------|
|              |        |       |         |
|              |        |       |         |
|              |        |       |         |
|              |        |       |         |
|              |        |       |         |

Total Tuition: \_\_\_\_\_

Please list any extenuating circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate date PSAS was submitted or will be submitted: \_\_\_\_\_

Please indicate if you will apply for Ed Choice Scholarship (if you qualify) : \_\_\_ Yes \_\_\_ No

Please return this application in a sealed envelope to: Tuition Assistance Committee  
Holy Family School

**THIS FORM IS DUE BY MARCH 1, 2016**  
**DO NOT RETURN THIS WITH PSAS FORM—THE PSAS NEEDS TO BE MAILED DIRECTLY TO PSAS AND NOT THE PARISH.**