

HOLY FAMILY CATHOLIC SCHOOL
2017-2018
APPLICATION FOR THE ELIZABETH WRIGHT TUITION ASSISTANCE FUND

Note: The application available at www.smartaidforparents.com 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 smartaid application 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 before March 1, 2017