

## **Tuition Assistance Program - Pastor Signature Form**

Parents – All awardee families must be current members of a Catholic parish within the Archdiocese of Detroit. Your Pastor's signature on this form is required to complete your application. Please read these directions carefully:

- 1. Ask your Pastor to sign this form.
- 2. Return the signed form to your child's school.
- The school is responsible for verifying the reciept of this form.
- Submit the original signed form to one of schools and provide copies to the other school(s) if your children attend more than one AOD Catholic school. Write on top of the copied form: "Copy This form was received at (Name of School/City) on (Date)."
- 3. Keep a copy of this signed form for your records.

| Applicant I.D. Number: (Important)                                                                           |                                                                                            |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Parent(s) Name: (on the application)                                                                         |                                                                                            |
| tudent 1: Name :                                                                                             | School/City                                                                                |
| tudent 2: Name:                                                                                              | School/City                                                                                |
| tudent 3: Name :                                                                                             | School/City                                                                                |
|                                                                                                              | Date Submitted to School//20                                                               |
| Name of Parish:                                                                                              | City                                                                                       |
| Name of Pastor:                                                                                              |                                                                                            |
| By signing this form, I am verifying that the applican information will be used to process his/her Tuition A | nt is an active member of my parish. I understand this Assistance Application for 2020-21. |
| ignature of Pastor                                                                                           | Date                                                                                       |
| Name/title of the school's representative in receipt                                                         | of this form. Date                                                                         |