



CCD Scholarship Request Form
2019-2020
(One family per request form)



Instructions for Application:

1. Complete this form and return to the parish office prior to the first scheduled CCD class of the new school year.
2. Attach to this form, or send in an e-mail, the brief details outlining the reasons for requesting financial aid.
3. By applying for financial aid, it is your responsibility as a parent/guardian to uphold the faith obligations for your child(ren), which include attending Mass faithfully each weekend, living in accordance with the teachings of the Catholic Church, and supporting your child(ren) in their faith formation and education.

Parent(s)/Guardian(s) Name(s): _____

Address: City/State/Zip: _____

Home Phone: Cell Phone: _____ E-mail: _____

Child(ren)'s Name(s): _____

Total Sum of CCD Fees Due (per family): \$ _____

Amount of Financial Aid Requested by Family: \$ _____

- I/We request a recommendation be sent to the pastor of St. Leo Catholic Church and St. Martin Catholic Church, to waive partial, or the sum total, of CCD fees for the child(ren)'s name(s) listed on this form.
- I/We are active member(s) of St. Leo or St. Martin Parish and in good standing with the Church.

Parent/Guardian Signature _____ Date _____

CCD Assistance Agreement Final Approval

Amount of Financial Aid Granted \$ _____ Family's Remaining Balance \$ _____

I/We accept the above specified financial aid award for the 2019/2020 academic term. I/We understand that this scholarship is only for one year, and to receive future assistance I/we must re-apply. Any and all balances beyond what this award covers, as listed above, will be my/our responsibility, and I/we agree to abide by the payment policies of the CCD Program.

Parent/Guardian Signature _____ Date _____

Pastor Signature _____ Date _____