

Holy Spirit Parish School of Religion
3130 Parkwood Ln. Maryland Heights, MO 63043
314-739-0230

Request for Financial Assistance
PSR school year 2023-2024

Family Name: _____

Home Phone # _____ Cell # _____ Email _____

Child(ren) living at home:

Name	Age	Grade

Tuition (& Registration Fee); circle one: 1 student: \$235 | 2 students: \$315 | 3 or more: \$365

Amount requested to be waived; circle one: 50% (Half) 100% (Full)

Please give details as to the financial burdens you may be experiencing (hospital bills, medical conditions, job loss etc.)

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: **It is the desire of Holy Spirit Parish to provide affordable Catholic Education to every child in our** :
: **Parish. Families are asked to participate financially to the best of their ability. If a need exists, the** :
: **Parish School of Religion will do its best to help serve you. We understand the sensitivity in these** :
: **matters and all information will be kept confidential. We will do all that is possible to assist you in** :
: **the Catholic education of your child.** :
:
:

Parent Signature _____ Date _____

(Office Use Only)

Amount waived \$ _____ Remarks: _____

Administrator Signature _____