

**APPLICATION FOR FINANCIAL ASSISTANCE
FROM THE
DIOCESE OF PENSACOLA-TALLAHASSEE
EDUCATION FOUNDATION**

DATE _____

With respect to the applicant, please state the following:

STUDENT'S FULL NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

SCHOOL PRESENTLY ENROLLED _____ **GRADE** _____

PRINCIPAL'S NAME _____ **PASTOR** _____

PARISH REGISTERED AT _____ **PASTOR** _____

PARENT'S OR GUARDIAN'S NAME(S) _____

ADDRESS OF PARENT OR GUARDIAN _____

TOTAL AMOUNT OF FINANCIAL ASSISTANCE APPLIED FOR \$ _____

FINANCIAL ASSISTANCE APPLIED FOR IS A GRANT

(If Financial Assistance is sought on behalf of a dependent who is a student, a statement of the income and financial condition of the parent or guardian of such applicant must be submitted with the application.)

DESCRIBE THE PURPOSE FOR WHICH YOU ARE SUBMITTING THIS APPLICATION FOR FINANCIAL ASSISTANCE: _____

Signature of Applicant

Signature of Applicant's Parent or Guardian

COMMENT BY PASTOR AND/OR PRINCIPAL _____

Signature of Pastor

Signature of Principal

FOR SCHOOL USE ONLY

APPROVED/DISAPPROVED BY THE BOARD OF DIRECTORS OF THE DIOCESE OF
PENSACOLA-TALLAHASSEE EDUCATION FOUNDATION, INC.

THIS _____ DAY OF _____, 20_____.

Chairman