



**Lumen Christi Catholic Schools
Application for Financial Assistance**

Each family applying for financial assistance must complete an Application for Financial Assistance and the PSAS Student Aid Form, which can be obtained at your school or the Lumen Christi Catholic Schools Office (330-788-6106). The following applications are to be used for families to apply for both Lumen Christi Catholic Schools and its Member Parishes for financial assistance. See a copy of the Lumen Christi Catholic Schools Financial Assistance Policy for additional information.

2015-2016

Child's First & Last Name _____ Date of Birth _____ Grade _____

Child's First & Last Name _____ Date of Birth _____ Grade _____

Child's First & Last Name _____ Date of Birth _____ Grade _____

Child's First & Last Name _____ Date of Birth _____ Grade _____

Child's First & Last Name _____ Date of Birth _____ Grade _____

School Attending _____

Parish of Registration _____

First & Last Name of Parent(s) or Guardian(s) _____

Relationship to Child _____

Home Address _____

Email Address _____

Telephone (home or cell) _____ (work) _____

Parish of Registration _____

Amount of financial assistance provided by other family members who are providing tuition assistance:

Did you receive tuition assistance during the last school year (2015-2016)? If so, how much and what was the source?

Is there other information the committee should know with respect to your application?

AMOUNT OF ASSISTANCE REQUESTED

In order to be eligible for financial assistance, **please complete the PSAS Student Aid Form** which can be found in your school office or the Lumen Christi Catholic Schools office. **If you have already completed the PSAS for the 2016-2017 school year, please indicate where the form was completed.**

Cardinal Mooney High School _____
Ursuline High School _____
Diocese of Youngstown _____

I certify that the information in this application form is complete and accurate to the best of my knowledge. If significant changes occur in my family financial situation which makes this information inaccurate, I will provide the Lumen Christi Catholic Schools with updated information. I authorize Lumen Christi Catholic Schools to verify my employment and financial responsibilities and assets.

I understand that the decision on this application will be made by Lumen Christi Catholic Schools or the Member Parish. I also understand that any tuition assistance awarded will terminate automatically at the end of that current school year.

I understand that by accepting financial assistance, I will be required to volunteer my time in support of a school activity, committee or need, on a regular basis; and that failure to maintain that commitment of volunteer service could result in loss of assistance.

I have submitted the 2016-2017 PSAS Form. _____ Yes _____ No

Signature of Applicant (Parent or Guardian) Date

Signature of Applicant (Parent or Guardian) Date

**Mail this completed application to:
Lumen Christi Catholic Schools
5225 South Avenue
Boardman, Ohio 44512
Questions: Call: 330-788-6106**