

Diocese of Raleigh
Office of African Ancestry Ministry and Evangelization
Tuition Assistance Application
2010 - 2011 School Year

Applicant & Family Information

Date _____

Child's Full Name _____

Mother's Name _____

Father's Name _____

Guardian's Name _____

Child lives with (check all that apply):

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Stepmother | |

Address _____
(of person responsible for tuition)

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Email _____

Parish Name & City _____

Are you a member of the parish?

- Yes
 No

School Information

Academic Grade for 2010 - 2011 _____

Name of School _____

School Address & City _____

Is student currently enrolled?

- Yes
 No

Tuition \$ _____ Aid Amount Desired \$ _____

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Please tell why it is important for your child to receive a Catholic education.

Application Information

- **All applicants must have completed a Catholic school enrollment application and FACTS tuition eligibility application before this application will be considered.**
- **This application is due: March 31, 2010**
- **This application may be mailed, emailed, or faxed to the following location:**

African Ancestry Ministry and Evangelization
715 Nazareth Street
Raleigh, NC 27606
Attention: Lauren Green
Phone: 919-821-9762
Fax: 919-821-9705
Lauren.Green@raldioc.org

Decision letters will be May 10, 2010

Parent/Guardian Signature Required

I certify that my answers are true and complete to the best of my knowledge.

Signature _____