

TUITION ASSISTANCE REQUEST FORM

2016-2017 SCHOOL YEAR

St. Peter Catholic School

Geneva, IL

FAMILY INFORMATION: (Please fill out completely.)

Family Name:

Father (First and Last):

Mother (First and Last):

Please indicate the first and last names of your children that are attending St. Peter School and their **grade for the 2016-2017 school year.**

Example: John Smith, grade 3

How much can your family afford to contribute for your children's education per month?

How have you contributed your stewardship of Time & Talent to the Parish and/or School?
(Please be specific.)