



Parish Verification & Assistance Form

Parish Verification:

Families who are active registered members of a Catholic parish are eligible for Participating Catholic Rate.

Parish Verification:

Parent's full name: _____

Street Address: _____ City: _____ Zip: _____

I confirm that my family is a registered member of _____ Catholic Church and as such:

We will practice our Catholic faith participating weekly at Mass as the Sunday Eucharist is the center of our life as Catholics.

We will serve our parish by active involvement in its activities. Catholics give witness to their faith by taking part in the Church's ministry and mission.

We will contribute to our parish as we are financially able throughout the calendar year.

Parent Signature: _____ Date: _____

Pastor Verification: I consider this family to be an active registered member of my parish.

Pastor Signature: _____ Date: _____

Parish Assistance- I have completed the Diocese of Columbus FACTS Tuition Aid application and am seeking **additional** financial assistance from my parish for my child(ren). I understand by filling out this application, I may be contacted by my parish for more information. **Not applicable:** _____

Student Full Name: _____ 17-18 Grade _____

Student Full Name: _____ 17-18 Grade _____

Student Full Name: _____ 17-18 Grade _____

Student Full Name: _____ 17-18 Grade _____

Amount of Parish Assistance Requested: _____