



Financial Assistance Request: *Confidential*

Family Name: _____

Address: _____ Phone Number: _____

Child Name _____ Entering Grade _____

Child Name _____ Entering Grade _____

1. Are you a member of Mary Immaculate Church? Yes _____ No _____
2. Do you attend Mass at Mary Immaculate Church? Yes _____ No _____
3. Are you involved in a ministry at the Church? Yes _____ No _____

If yes, please describe:

4. Please briefly describe the reason for requesting financial assistance. Will this need be temporary?

5. How much would you be able to pay per month for your child's education?
_____ a month

6. Would you be able to provide Mary Immaculate School with a service and/or additional volunteer hours? Please explain.

*Please return this form with a copy of your most recent 1040 or W-2 tax form.