

The Churches of St. Elizabeth, St. Joseph, and Sts. Peter and Paul

2024/2025 Faith Formation Financial Aid Application

Grades K-11

Name _____

Children's Names

Grade

Fee:

Flat Family Rate = \$100/family

Agreement:

___ I can pay _____ for my children. I would like to volunteer _____ hours @ \$5 per hour in exchange for the remaining fees.

___ I would like to make payments throughout the year @ \$ _____ per month.

Signature _____

Home Phone _____

Work Phone _____