

Parish Programming Financial Aid Application 2020 - 2021



**ST. ELIZABETH
SETON**
CATHOLIC CHURCH

This application must be complete. Children listed should be your child, foster child or a child that you are the legal guardian of and lives with you. Please list ALL of the programs for which you are requesting a reduced fee. Please feel free to attach a letter with additional information. Thank you!

Mother Last Name	Mother First Name	Phone #	Marital Status	Parish Affiliation
_____	_____	_____	M D W S	_____
Father Last Name	Father First Name	Phone #	Marital Status	Parish Affiliation
_____	_____	_____	M D W S	_____
Street Address		City	State	Zip
_____		_____	_____	_____
Total # of family members: _____		Family email contact: _____		
Family INFORMATION Must be <u>entirely</u> completed	Birth date MM/DD/YYYY	Grade	Gender	List Assistance you are seeking for each person
1.			M F	
2.			M F	
3.			M F	
4.			M F	
5.			M F	

Monthly Income: Please complete this section as best you can. Enter an income amount, check all that apply:

Father's Monthly Employment Income \$ _____ Mother's Monthly Employment Income \$ _____

VA Benefits Retirement TANF Unemployment
 SSI Food Stamps Child Support Other Household Members Income \$ _____

All information is true and correct:

Signature _____ Date _____

Mail to: St. Elizabeth Seton, 10655 Haverstick Rd., Carmel, IN 46033 Attn: Kevin Sweeney

Fax to: 317-846-3710 - Attn: Kevin Sweeney