

# **REQUEST FOR FINANCIAL ASSISTANCE 2019-2020**

## **CATHOLIC FAMILIES**

**All families requesting financial assistance must first apply through Empower Illinois ([www.empowerillinois.org](http://www.empowerillinois.org))**

**If you are denied assistance from Empower Illinois, please attach your denial form to this request.**

**If you are approved through Empower Illinois, the school will be notified and the amount of assistance awarded will be directly applied to your bill.**

I am not in a financial position to pay the entire tuition and fees for the 2019-2020 school year. My family has \_\_\_\_\_ members, and we have an annual income of \$\_\_\_\_\_.

I am able to pay \$\_\_\_\_\_ a month. I am seeking financial assistance for the remaining amount \$\_\_\_\_\_ a month.

I understand that I **must work** the 24 hour assessment to have the additional assessment fee (\$850) waived.

Children's names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent(s) \_\_\_\_\_

Signature \_\_\_\_\_

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### **(FOR OFFICE USE ONLY)**

Assistance awarded: \$ \_\_\_\_\_

Date(s) \_\_\_\_\_

Approved by: \_\_\_\_\_

