

CONFIDENTIAL
Application for Tuition Assistance

Holy Family Catholic Community
7321 Burkittsville Road
Middletown, MD 21769
301-473-4800

Father _____ Phone _____ Email _____

Mother _____ Phone _____ Email _____

Please list dependent children in the family:

Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe fully the reason or situation for requesting tuition assistance:

We/I feel that we/I can pay \$ _____ for books or tuition per month for the next school year.

Signature of Parent/Guardian: _____ Date: _____

Please submit completed form by September 15 to the Director of Faith Formation at the parish office or via email at tuitionassistance@hfccmd.org. Once reviewed, the Director of Faith Formation will schedule a meeting with the parent(s)/guardian(s). Please read the Financial Assistance Policy found on the parish website.