



St. Pius X Catholic School

"Building Leaders for Christ"

GUARDIAN ANGEL PROGRAM (GAP)

TUITION ASSISTANCE APPLICATION

Parent/Guardian's Full Name: _____

Phone Number: _____ Email: _____

SPX PARISHIONER ENVELOPE NUMBER: _____

Student Information: _____ Grade: _____ (25-26)_____

Student Information: _____ Grade: _____ (25-26)_____

Student Information: _____ Grade: _____ (25-26)_____

HOPE FOR THE FUTURE: Date Application submitted to Hope for the Future: (only applies to 5K and up)
_____/_____/_____
(application complete)

	Tuition Per Child	HFF Award PER CHILD	GAP REQUEST PER CHILD
1 st Child	\$	\$	
2 nd Child			
3 rd Child			
4 th Child			
TOTAL			

I am applying for GAP Tuition Assistance in the total amount of _____\$_____.

I will be able to pay _\$_____ monthly towards my child(ren)'s tuition.

PLEASE LIST ALL SPX COMMUNITY INVOLVEMENT:

I understand that all families receiving GAP funds will be asked to attend the Financial Peace* seminar.

Applicant's Signature: _____

Date: _____