

St. Theresa Catholic School

Sister Jude Fitzpatrick Fund Fee Assistance Application Form

Please submit to the School Office for Fee Assistance consideration. Please allow 10 business days for processing.

Student Name: _____

Parent(s) Name: _____

Extracurricular Activity Support is requested for: (Please Circle)

Fall	Winter	Spring	Year Round
Catholic Football League	Basketball	Track	Band
Cross Country	Cheerleading	STEM CAMP	Other Activities sponsored at St. Theresa's
Volleyball	Wrestling		Stem Camp

Reason for Requesting Assistance: _____

Fee(s) for Consideration (Apparel excluded from consideration)	Amount	Approved	Denied	Family Responsibility
	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$
	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$

Signature – Parent _____

Date _____

Parent Email _____

BUSINESS OFFICE USE ONLY:

Current Year Tuition Assistance: _____

Previous Extracurricular Activity Assistance: _____

Authorized Signature–Principal: _____

Date: _____