

**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:** \_\_\_\_\_