



St. Therese of Lisieux  
Faith Formation Fund Grant Application for High School Student

\_\_\_\_\_  
Parent's First Name                      Middle Initial    Last Name

\_\_\_\_\_  
Address    City    Zip code

\_\_\_\_\_  
Home Phone    Cell Phone

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade beginning in September

\_\_\_\_\_  
School Name    School Phone #

\_\_\_\_\_  
School Address    City    Zip code

\_\_\_\_\_  
Total Tuition Cost for the year \$

\_\_\_\_\_  
Other Financial Aid student is receiving or has applied for

\_\_\_\_\_  
Requested Grant Amount\$

\_\_\_\_\_  
Other information to be considered (optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize a representative of St. Therese of Lisieux to contact the school to verify successful completion of the school year.

\_\_\_\_\_  
Parent's Signature    Date

Please submit completed form to Parish Office