

Tuition Assistance Appeal Form*
2016-2017 School Year

Parents/Guardians: Please use this form to report unusual or extenuating circumstances that have occurred since applying for tuition assistance and affect your ability to pay for a Catholic school education. Please complete and return it **within one week of date received**, to:

THE DIVINE REDEEMER SCHOOL
726 4TH AVENUE
FORD CITY, PA 16226
ATTN: NICALENA CARLESI
"CONFIDENTIAL"

.....
Family Information: Please list the parent that was entered into Section 1 of your original FACTS application.

Date	School Name		
<hr/>			
Parent's Last Name	First Name	MI	
<hr/>			
Street Number and Name			
<hr/>			
City	State	Zip Code	Phone Number

Students' Name(s) and Grades:

Please enter the PER CHILD amount of ADDITIONAL TUITION ASSISTANCE you are requesting:

Please check the appropriate change(s) in situation:

- | | |
|---|--|
| <input type="checkbox"/> Loss of job | <input type="checkbox"/> Illness or injury |
| <input type="checkbox"/> Recent separation/divorce | <input type="checkbox"/> Death in the family |
| <input type="checkbox"/> Change in family living status | <input type="checkbox"/> Shared custody |
| <input type="checkbox"/> Change in work status | <input type="checkbox"/> High debt |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Child support reduction |
| <input type="checkbox"/> College expenses | <input type="checkbox"/> Medical/Dental expenses |
| <input type="checkbox"/> Income reduction | <input type="checkbox"/> Other (summarize on back) |

Please describe your situation in detail on the back of this page, and attach any supporting documentation.

Signed: _____ Date: _____

***This form is for students in Kindergarten through grade 8.**

Date Received _____ Date Processed _____ Decision _____