



**Lumen Christi Catholic Schools  
Application for Financial Assistance**

Each family applying for financial assistance **must complete an Application for Financial Assistance AND the PSAS Student Aid Form by March 18, 2016**, which can be obtained at your school or the Lumen Christi Catholic Schools Office (330-788-6106). The following applications are to be used for families to apply for both Lumen Christi Catholic Schools and its Member Parishes for financial assistance. See a copy of the Lumen Christi Catholic Schools Financial Assistance Policy for additional information.

2016-2017

Child's First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

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Child's First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School Attending \_\_\_\_\_

Parish of Registration \_\_\_\_\_

First & Last Name of Parent(s) or Guardian(s) \_\_\_\_\_

\_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

Amount of financial assistance provided by other family members who are providing tuition assistance: \$ \_\_\_\_\_

Did you receive tuition assistance during the last school year (2015-2016)?

If so, how much: \$ \_\_\_\_\_ What was the source: \_\_\_\_\_

Is there other information the committee should know with respect to your application?

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

AMOUNT OF ASSISTANCE REQUESTED: \$ \_\_\_\_\_

In order to be eligible for any financial assistance, **you must complete the PSAS Student Aid Form by March 18, 2016** which can be found at your school office or Lumen Christi Catholic Schools office. If you have already completed the PSAS for the 2016-2017 school year, please indicate which form was completed.

Diocese of Youngstown \_\_\_\_\_  
Cardinal Mooney High School \_\_\_\_\_  
Ursuline High School \_\_\_\_\_

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*I certify that the information in this application form is complete and accurate to the best of my knowledge. If significant changes occur in my family financial situation which makes this information inaccurate, I will provide the Lumen Christi Catholic Schools with updated information. I authorize Lumen Christi Catholic Schools to verify my employment and financial responsibilities and assets.*

*I understand that the decision on this application will be made by Lumen Christi Catholic Schools or the Member Parish. I also understand that any tuition assistance awarded will terminate automatically at the end of that current school year.*

*I understand that by accepting financial assistance, I will be required to volunteer my time in support of a school activity, committee or need, on a regular basis; and that failure to maintain that commitment of volunteer service could result in loss of assistance.*

I have completed and submitted the 2016-2017 PSAS Form: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Applicant (Parent or Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (Parent or Guardian)

\_\_\_\_\_  
Date

**Mail this completed application to:**

**Lumen Christi Catholic Schools  
Attn: George Schorsten  
5225 South Avenue  
Boardman, Ohio 44512**