

FOR ST MATTHEW GRADE SCHOOL STUDENTS ONLY (K – 8th grade)

(DO NOT USE THIS FORM FOR HSTM STUDENTS or PRESCHOOL STUDENTS)

Complete one (1) form in full per student at St. Matthew Grade School for the 17-18 school year.

- 1.-To **TYPE** in your information, click the FILL & SIGN tab located in the ribbon of icons, then complete the below form.
- 2.-**SAVE** your completed Form.
- 3.-**REPEAT** the above 2 steps if applying for additional children
- 4.-**EMAIL** no later than **3-8-17** to plittle@stmatt.net
- 5.-**TITLE THE SUBJECT LINE:** St. Matthew School Tuition Assistance and Pastor Recommendation Request.
(Application form accepted by email only.)
Send **1 email with a separate attachment for each child** that you are applying for.
(i.e. 3 children=1email with 3 separate attachments)
- 6.-Note: The below form is for Grade School (K-8) only. If you are also applying for HSTM students you will need to complete and attach the HSTM form.
- 7.-New families to the school must first be accepted to the school before applying. Contact the school office for more information.

Saint Matthew Roman Catholic Church

~Diocese of Peoria~

ST. MATTHEW PARISH GRADE SCHOOL TUITION ASSISTANCE APPLICATION

&

ST. MATTHEW SCHOOL PASTOR RECOMMENDATION REQUEST FORM

for the John Lancaster Spalding Scholarship

- I/We request a recommendation letter be sent to the Diocese of Peoria from Fr. Robert Rayson for the John Lancaster Spalding Scholarship for the child (*one child per form*) listed below for St. Matthew Grade School.
- I/We are active member(s) of St. Matthew Parish & in good standing with the Church.
- I/We verify we have no outstanding or delinquent fees to the parish or school.
- I/We understand if we are a new family to the school we have been accepted to the school before submitting the below form.

GRADE SCHOOL 2017-2018 school year . . .

_____ Parent(s)/Guardian Name(s) _____ Address _____ / _____ / _____ City/State/Zip	Contact Info: _____ Phone _____ Phone _____ Email
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Parish Family Acct # _____ Student School Acct # _____ (if previously a St. Matthew Grade School student)
 Child's Full Name _____ (**one child per request form**) 2017-18 Elementary Grade Level _____
K – 8th grade only

We are an existing family to St. Matthew Grade School We are a new family to St. Matthew Grade School
and have been accepted into the school.

\$ _____ = My/Our **2016 Church contributions** as stated on my/our Parish Contribution Record received/dated Jan. 2017 from the Parish office. (This amount is **not** to include tuition payments made.)

_____ Volunteer hours = **Amount of Parent Volunteer Hours** of time donated in the Parish/School in 2016

2016 Description of Parent Volunteer Service Hours Performed:

1. _____	= hrs: _____
2. _____	= hrs: _____
3. _____	= hrs: _____
4. _____	= hrs: _____
5. _____	= hrs: _____

_____ / _____ / _____
 Parent/Guardian Signature Parent/Guardian/Signature Date

PLEASE NOTE: THE ABOVE FORM IS FOR GRADE SCHOOL STUDENTS ONLY.