

ST. BEDE RELIGIOUS EDUCATION
36399 No. Wilson Rd
Ingleside, IL 60041

APPLICATION FOR TUITION/FEE ASSISTANCE
You must be a member of St. Bede Parish

If you unable to pay any or part of you student(s) Tuition & Fees for the Religious Education Program please complete the following:

NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BEST PHONE # TO REACH YOU _____

E-MAIL ADDRESS _____

Session for which you are requesting assistance:

() Summer () Fall () Home School or High School _____ Number of students

I am able to pay: _____

I will complete the required 5 service hours.

State specifically in detail the hardship event which prohibits you from paying Partial or All Tuition & Fees. Your student(s) will be enrolled after approved.

By signing below, I certify that all information presented is accurate and correct.

Signature _____ **Date:** _____

RE Use Only:

Date Received: _____ Approved () Denied ()

Notes: _____