



**CONFIDENTIAL**

# St. Joseph Catholic Community

## Financial Aid & Payment Plan Request Form

Please include this Form with the Permission Slip/Registration Form for the Event/Program in order to request financial aid and/or payment plan.

Office Use Only Please: Completed

Program/Event Name: \_\_\_\_\_ Program/Event Date: \_\_\_\_\_

Participant[s] Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

[If Participant is a dependant]

Parent Name: \_\_\_\_\_ Phones: \_\_\_\_\_

Family Address: \_\_\_\_\_

Emails: \_\_\_\_\_

Please know that we welcome your request for financial aid and/or payment plan. We expect that all of our participants/families do pay for as much as they are able. Thank you!

**FINANCIAL AID:**

Program/Event Cost: \$ \_\_\_\_\_

Financial Aid Request: \$ \_\_\_\_\_

Reason[s] for Request: \_\_\_\_\_

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

**PAYMENT PLAN:**

Program/Event Cost: \$ \_\_\_\_\_

Down Payment: \$ \_\_\_\_\_

Payment Plan Amount: \$ \_\_\_\_\_

Requested Installment Dates

- 2 Installments \_\_\_\_\_
- 3 Installments \_\_\_\_\_
- 4 Installments \_\_\_\_\_
- Other \_\_\_\_\_

Office Use Only Please	
Financial Aid Approved:	\$ _____
Payment Plan Approved:	\$ _____
Approved Installment Dates:	_____ _____
Comments:	_____ _____
<b>Pastoral Associate's Signature</b>	<b>Date</b>
<b>Pastor's Signature</b>	<b>Date</b>
Distribution List:	
<input type="radio"/> Original to be kept by Pastoral Associate	
<input type="radio"/> One (1) copy to Accountant	
<input type="radio"/> One (1) copy to Staff Person completing Daily Receipts Journal	

\_\_\_\_\_  
Parent/Guardian or Participant Signature

\_\_\_\_\_  
Date