



CONFIDENTIAL

# St. Joseph Catholic Community

## Payment Plan & Financial Aid/Scholarship Request Form

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

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 a payment plan or partial financial aid/scholarship. We expect that all of our participants/families do pay for as much as they are able. Thank you!

PAYMENT PLAN:

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

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

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

Requested Installment Dates

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

SCHOLARSHIP/FINANCIAL AID:

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

Scholarship/Financial Aid Request: \$ \_\_\_\_\_

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

Office Use Only Please:  
Completed

**Office Use Only Please**

**Approved Payment Amount: \$** \_\_\_\_\_

<b>Approved Installment Date</b>	<b>Installment Payment Dates:</b>
_____	_____
_____	_____
_____	_____
_____	_____

**Scholarship Approved: \$** \_\_\_\_\_

\_\_\_\_\_  
**Approval Signature**

\_\_\_\_\_  
**Approval Date**

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

\_\_\_\_\_  
Date