



FINANCIAL AID APPLIATION FORM
2019-2020

<https://asagr.org/financial-assistance>

Family name: _____

Student Name	Grade	Plan to request Parish Investment* (Yes/No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ___ I have completed my Smart Aid application
- ___ My Smart Aid application status is Verified.
- ___ I received a Bishop Scholarship of \$_____ (complete if amount has been awarded).
- ___ I belong to _____ Parish and I have requested tuition assistance.
- ___ I have received a parish scholarship of \$_____ (complete if amount has been awarded).
- ___ I request tuition assistance in total from above and All Saints Academy of \$_____.

Parent (Guardian) Name – printed

Parent (Guardian) Signature

Date

Any questions, please contact Amy Kelley, Business Manager, email - akelley@asagr.org, or call 616-364-9453, ext. 1251

*A completed and signed Parish Investment form must be submitted to qualify for discount.