

RETURN FORM TO YOUR PARTICIPATING PARISH Student's Full Name _____

(Submit to your Parish at the time you submit the Tuition Application to Bishop Kelly)

Participating Parishes are: St. Paul's (Nampa), St. John's, St. Mark's, Sacred Heart,
Holy Apostles', St. Mary's (Boise), Risen Christ, & Our Lady of the Rosary.

Grade _____

Parish _____

**Bishop Kelly High School
2018-2019 School Year****PARISH SUPPORT APPLICATION**

This form must be completed if you are seeking the parish supported tuition assistance of \$800. This would reduce your annual tuition to \$7,500 from the regular tuition of \$8,300. Refer to the separate Tuition Assistance Application if you are applying for general Financial Assistance.

This form must be completed and returned to your parish in order to receive this tuition reduction. The supporting pastors, or their delegates, will verify your registration and participation in your parish before approving your tuition support payment to Bishop Kelly.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED - FILL IN ALL LINES**APPLICANT AND CO-APPLICANT INFORMATION**Applicant: Parent or GuardianCo-Applicant: Spouse or Other Adult
Living in Household

Name _____

Address _____

City/State/Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail Address _____

Relationship to Student: Father Mother Stepfather Stepmother Father Mother Stepfather Stepmother
Legal Guardian Grandfather Grandmother Other _____ Legal Guardian Grandfather Grandmother Other _____

DIVORCED or SEPARATED PARENTS: This form is to be completed by the parent responsible for the student's educational expenses. Shared responsibility requires an application from both parents.

The following criteria will be used in determining participation in the parish (please check all that apply):

- ☐ The student is a baptized Catholic, and
- ☐ One of the parents or legal guardians of the student is a registered member of the parish by June 30 before the qualifying academic year; and
- ☐ The parent or legal guardian is a supportive parishioner of the parish. This support is exemplified by:
- ☐ Regular financial support of the parish shown through regular use of parish envelopes, checks, or electronic financial giving; and/or
- ☐ Regular participation in a parish ministry (e.g. music, liturgical ministry, religious education, adult Bible study, food bank), pastoral council or parish committee, or-a parish organization (e.g. Knights of Columbus, the Society of St. Vincent de Paul, Legion of Mary, Guadalupanos). Fulfillment of any required volunteer hours at either the parish's School or Bishop Kelly High School does not fulfill this requirement.
- List areas of parish related ministry and/or service in which you are involved:

_____**SIGNATURES:**

I (we) declare that the information provided is true and complete.

Parent or Guardian (Applicant) _____ Date _____

Spouse (Co-Applicant) _____ Date _____

Thank you for completing this application.

All information is kept confidential

You may be contacted if clarification is needed.

If Parish Support is denied, notice of this decision will be sent to you by October.