

St. Peter the Apostle/St. Andrew Academy
Angel Fund
Financial Assistance Application

Name of Applicant: _____
Father Mother Stepfather Stepmother Guardian Other Adult

Name(s) of Student(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Number of individuals who reside in your household:

Parents _____ Children _____ Other _____

How much tuition are you able to pay? _____

Comments: _____

To be completed by Finance Office

PSAS Need: _____ CEF Award: _____

School Choice Award: _____ Other Award: _____

Date Approved by Finance Committee: _____

Approved Angel Fund Award: _____