

**GUARDIAN ANGEL APPLICATION**  
**FOR 2024-2025 CATHOLIC SCHOOL YEAR**

For Active Registered Parishioners of Saint Peter Catholic Church, Elizabethtown, PA

*The Saint Peter Guardian Angel annual tuition assistance program is funded by generous donations from parishioners and profits from our Scrip program. Available funds vary year to year based on Scrip sales, donations received and number of requests for assistance.*

**DEADLINE: Monday, June 3, 2024\***

PARENT(S)/GUARDIAN(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL \_\_\_\_\_

CHILDREN – ELEMENTARY SCHOOL NAME \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

CHILDREN – HIGH SCHOOL NAME \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

**REQUESTED AMOUNT FROM GUARDIAN ANGEL PROGRAM**

What amount of assistance are you requesting per child?

Student Name	Amount Requested**

\*\*The amount requested will not always be granted. It provides us with information that helps make an equitable allocation to all applicants. The available funds are allocated based on your child’s grade level and the number of children you have enrolled in Catholic School.

You will be notified of the award amount within 4 weeks of receipt of application. Guardian Angel grants are sent via electronic transmission to the school. Thank you!

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\* Applications received after June 3, 2024 may not receive consideration. Please submit your requests to the Parish Office.

**This application is confidential upon completion.**