

# ST. LEONARD RELIGION PROGRAMS

## FAMILY FINANCIAL NEED \*

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

Student Name: \_\_\_\_\_

Sunday Preschool       Elementary       Youth Ministry

Student Name: \_\_\_\_\_

Sunday Preschool       Elementary       Youth Ministry

Student Name: \_\_\_\_\_

Sunday Preschool       Elementary       Youth Ministry

Student Name: \_\_\_\_\_

Sunday Preschool       Elementary       Youth Ministry

Student Name: \_\_\_\_\_

Sunday Preschool       Elementary       Youth Ministry

Total Amount of Program Fees:      \$ \_\_\_\_\_

Our Family Will Be Responsible For:      \$ \_\_\_\_\_

\*\* (\$110 minimum – contact us for a payment plan)

Our Family Requests Financial Aid For:      \$ \_\_\_\_\_

Parent Signature: \_\_\_\_\_

\* DUE TO JOB LOSS, ILLNESS, OR DIFFICULT CIRCUMSTANCES.

\*\* SOME MONETARY AMOUNT IS REQUIRED.

\*\*\* YOUR HELP IN A FUNDRAISER OR OTHER VOLUNTEER NEED IS REQUIRED.  
SEE ENCLOSED VOLUNTEER SHEET.