

2025-26 PASTOR'S TUITION ASSISTANCE APPLICATION

ST. MARY'S OF PISCATAWAY SCHOOL

13407 PISCATAWAY ROAD, CLINTON, MD 20735



SECTION 1 Parent/Guardian Information (Parents, Stepparents, Guardians – do not list divorced parent living outside the house.

Parent #1	Last Name	First Name	Middle Initial				
	Daytime Phone Number	Cell Phone number					
Work sta	atus 🗌 Employed	Unemployed	Retired				
Parent #2	Last Name	First Name	Middle Initial				
	Daytime Phone Number	Cell Phone number					
Work sta	etus 🗌 Employed	Unemployed	Retired				
SECTION 2 Household Address Information							
Street		City					
State	Zip	Home Phone					
Email Address (please enter a valid e-mail address – we will use this address for correspondence if possible)							



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SECTION 3 List all Dependents in t	he Household; do not include Pare	ent(s)/Guardian(s
Last Name	First Name	
SECTION 4 Dependents that will b	e in school or preschool during 202	25-2026
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SECTIO	ON 5 Other Forms of Financial Aid Applied for				
	Archdiocese of Washington (you must apply for ADW financia	l aid before applying for Pastor's			
	Tuition Assistance. Applicants that have not applied will not	be considered.)			
	Boost of Maryland				
Amou	nt requesting \$				
SECTIO	ON 6 Special Circumstances for Request				
	Your household is expecting another child this year				
	You are in the process of a divorce or separation				
	There has been a recent death in the household				
	A household member has been recently diagnosed as severely ill				
	nousehold member has a problem (addictions, mental illness etc.) that is causing financial stress for e family				
	A Parent/Guardian is widowed				
	A Parent/Guardian is a member of the military or clergy				
	Other (please explain)				
	nts, grants, and scholarships may be combined. However, all discounts and assistance tion. I have read, understand, and accept the Financial Agreement and I agree to be				
Parent/	Guardian Signature:	Date:			
Parent/	Guardian Signature:	Date:			