

REQUEST FOR ADDITIONAL FINANCIAL ASSISTANCE

Please fill out this entire form. All information will be kept in confidence by the Tuition Assistance Committee and is required in order to be considered for additional financial aid. Completion of this form does not guarantee an award will be made. Completion of the FACTS Grant Aid is required for financial assistance consideration. An award may be withheld if the student account is in delinquent status.

Student _____ Class of _____

Address _____

City _____ Zip Code _____

Home Phone _____ Work phone _____

Since the filing of the FACTS, has your income changed? ___ Yes ___ No

Since the filing of the FACTS, has your financial status changed? ___ Yes ___ No

If you answered Yes to either question, please explain: _____

What amount of assistance are you receiving for the school year? \$ _____

What amount of tuition can you afford to pay each year? \$ _____

Please provide any additional information you would like the committee to consider:

Parent or Guardian Signature: _____

Date: _____

Please return to Terri Wysocki at the address provided below, or to wysocki@cbhs.edu

Benedictine High School
2900 Martin Luther King Jr Drive
Cleveland, OH 44104