



## **TUITION ASSISTANCE APPLICATION CHECKLIST**

### **For Students Entering Grades K-6 (Cathedral Academy at Pompei)**

In order to be considered for tuition assistance, student must be enrolled in CAP and must complete the information required below, submit to CAP principal or mail to the Guardian Angel Society in a sealed envelope at the address below.

### **For Grade 6 Students Entering Grade 7**

In order to be considered for tuition assistance for Junior/Senior High School:

1. Student must be accepted at either CBA, Bishop Grimes Prep or Bishop Ludden
2. Complete the following and submit to CAP main office or mail to the Guardian Angel Society directly Attn: Tuition Assistance Review Committee.
3. The Guardian Angel Society will request a copy of the Student Acceptance Letter from the Catholic Jr/Sr High School and a copy of the 2<sup>nd</sup> quarter report card. During the 6<sup>th</sup> grade graduation, students will be recognized for their scholarships and schools they will be attending.

### **For Junior/Senior High School Students Entering Grades 8-12**

In order to be considered for Guardian Angel Society tuition assistance for Junior/Senior High School the student must attend CBA, Bishop Grimes Prep or Bishop Ludden after attending Cathedral Academy at Pompei.

### **Information Required**

- Parent/Guardian Application
- Photo/Media Release Authorization
- Consent to Release Academic Data for Society Program Purposes
- Copy of 2017 federal/state tax statements filed jointly and/or separate tax statements from parents/guardians.

### **Submit to CAP or Mail To:**

Father Champlin's Guardian Angel Society  
Attn: Tuition Assistance Review Committee  
259 East Onondaga Street  
Syracuse, NY 13202  
(315) 422-7218 / (315) 422-2471 (Fax)

**(OVER)**

All Guardian Angel Society applications must include 2017 parent/guardian income tax statements from both parents. During June/July, parents/guardians will be notified by a formal award letter of tuition scholarship.

If you need help with this application, please contact the child's junior/senior high school guidance counselor, CAP principal's office, or the Guardian Angel office. If you need extra copies of this application, visit [GuardianAngelSoc.org](http://GuardianAngelSoc.org).



**PARENT/GUARDIAN APPLICATION  
 FOR TUITION ASSISTANCE**

This application must be completed by the parent or legal guardian and returned by **MONDAY, APRIL 9th**

Please PRINT information.

Date: \_\_\_\_\_

Upcoming Grade: \_\_\_\_\_

Child's First Name  
 \_\_\_\_\_

Child's Last Name  
 \_\_\_\_\_

Father / Guardian Name  
 \_\_\_\_\_

Address: Number & Street City/State/Zip  
 \_\_\_\_\_

Home Phone  
 \_\_\_\_\_

Cell Phone  
 \_\_\_\_\_

Email Address  
 \_\_\_\_\_

Mother / Guardian Name  
 \_\_\_\_\_

Address: Number & Street City/State/Zip  
 \_\_\_\_\_

Home Phone  
 \_\_\_\_\_

Cell Phone  
 \_\_\_\_\_

Email Address  
 \_\_\_\_\_

Father/Guardian Employer  
 \_\_\_\_\_

Employer Address: Number & Street City/State/Zip  
 \_\_\_\_\_

Home Phone  
 \_\_\_\_\_

Work Phone  
 \_\_\_\_\_

Mother/Guardian Employer  
 \_\_\_\_\_

Legal Guardian's Name  
 \_\_\_\_\_

Address: Number & Street City/State/Zip  
 \_\_\_\_\_

Home Phone  
 \_\_\_\_\_

Work Phone  
 \_\_\_\_\_

Occupation Employer  
 \_\_\_\_\_

List any other children in your household attending CAP, Bishop Ludden, Bishop Grimes, or CBA.

Name	School	Grade Level 2018-2019
_____	_____	_____
_____	_____	_____
_____	_____	_____

(OVER) ➡

## Part 2

Please answer the following questions. If you need additional space, please attach to this page and put your name on subsequent pages.

1. What special circumstances are requiring you to request tuition assistance from *Father Champlin's Guardian Angel Society*? (unemployed, illness, recent death)

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2. How much of the tuition can you and family members pay \$\_\_\_\_\_?  
**(ALL FAMILIES MUST PAY SOMETHING)**

3. If you are awarded a scholarship, would you or your child be able available to help the Guardian Angel Society with fund raising activities or special projects if the need arises? (i.e. events-set up, decorations, etc. or mailings)

*(Check one)*

\_\_\_\_\_ Yes, we would be available to assist.

Here is the best phone # to reach me at: \_\_\_\_\_

\_\_\_\_\_ No, we are unable to help.

4. Race (optional):

\_\_\_\_\_ African-American

\_\_\_\_\_ Asian

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Sudanese

\_\_\_\_\_ White

\_\_\_\_\_ Other: \_\_\_\_\_



Father Champlin's  
**Guardian ANGEL Society**  
 wings for education

259 E. Onondaga Street \* Syracuse, New York 13202 \* (315) 422-7218

**Photo/Media Release Authorization**  
*For School Year: 2018-2019*

I understand that Father Champlin's Guardian Angel Society will be publishing certain advertisements relative to the school and that a picture or other material including my child or me may be included in one or more of those advertisements. I give Father Champlin's Guardian Angel Society permission to use any photograph, videotape, or other recording for public viewing in any print or broadcast media (e.g., radio, newspapers, magazines, brochures, newsletters, television etc.) or in displays. I also permit the school and anyone acting on their behalf to use any statement or part of any statement that I chose to make in any such broadcast, article or display.

I release the Guardian Angel Society, employees, agents and representatives from any liability arising out of the use of any such photograph, videotape, other recording or statement for public viewing in any print or broadcast media.

I agree with this release and may be revoked by me at any time in writing. Any such revocation will apply to the future use of any picture, film statement, of my child or me, but will not apply to any materials already produced and in use by the Guardian Angel Society or school. I intend the release to be binding upon me, my heirs, executors, administrators, successors and/or assigns. If I am signing this release on behalf of a minor child, I warrant that I have custody of the child and am authorized to do so and that this release shall be binding upon such child, unless otherwise revoked as stated above.

**STUDENT INFORMATION FOR SCHOOL YEAR 2018-2019:**

STUDENT NAME: \_\_\_\_\_

STUDENT'S SCHOOL: \_\_\_\_\_

STUDENT'S ENTERING GRADE: \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:**

DATED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_



*This form allows information about your child to be exchanged with the mentors and tutors of Father Champlin's Guardian Angel Society. Please sign and return it. Please fill out one form per child.*

Student Legal Name:	Date of Request:
School:	Grade:
Parent/Guardian Name(s):	
Parent/Guardian Address:	

I hereby authorize

**Bishop Grimes / Bishop Ludden / Christian Brothers Academy**  
 (please circle the school your child attends)

and its staff to release academic information (average, GPA, progress report grades, report card grades, test scores, academic skill information, etc.), transcript of grades, homework assignments, teacher observations of in-class habits and behaviors, extra-curricular involvement, and access to his/her Rediker Student Portal to:

**Father Champlin's Guardian Angel Society Mentors,  
 Tutors and Society Program Leaders**

The purpose of this request is to allow the Guardian Angel Society Mentors, Tutors and Society Program Leaders access to my child's academic information in order to allow them to assist him/her in his/her academic progress and performance.

I understand that this authorization takes effect the day I sign it. This release of information form will be in effect for the 2018-2019 school year. I also understand that I may revoke this authorization at any time by providing a signed, written notice of revocation to my child's school. A photocopy or facsimile of this authorization has the same legal effect as the original.

In accordance with Federal and State laws, I, parent or guardian of a student at an educational institution, under the age of 18, consent to the release of personally identifiable information from the education records of my son/daughter. I understand that the personally identifiable information will be disclosed by his/her school to the organization listed above. This information may not be disclosed to others and will be destroyed when the information is no longer needed.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date Signed