

**FATHER CHAMPLIN'S GUARDIAN ANGEL SOCIETY  
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 CBA, Bishop Grimes 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. During the 6th 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 & Signed**

- ☐ Parent/Guardian Application
- ☐ Photo/Media Release Authorization for each child
- ☐ Consent to Release Academic Data (grades 7-12) for Society's Mentor & Tutor Program purposes.
- ☐ Copy of **2022** 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)

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All Guardian Angel Society applications must include **2022** 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 Guardian Angel Society at (315) 422-7218, child's junior/senior high school guidance counselor, or the CAP principal's office. If you need extra copies of this application, visit [GuardianAngelSoc.org](http://GuardianAngelSoc.org).



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## PARENT/GUARDIAN APPLICATION FOR 2023-2024 TUITION ASSISTANCE

This application must be completed by the parent or legal guardian and returned by **FRIDAY, APRIL 14th**  
Please Print Clearly.

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_  
Application Date: \_\_\_\_\_ Upcoming Grade: \_\_\_\_\_

**FATHER NAME:** \_\_\_\_\_  
Address / City / State / Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer Address / City / State / Zip: \_\_\_\_\_

**MOTHER NAME:** \_\_\_\_\_  
Address / City / State / Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer Address / City / State / Zip: \_\_\_\_\_

**LEGAL GUARDIAN NAME:** \_\_\_\_\_  
Address / City / State / Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer Address / City / State / Zip: \_\_\_\_\_

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

Name	School	Grade in Sept
_____	_____	_____
_____	_____	_____
_____	_____	_____

(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)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

2. How much tuition can you and family members pay:  
(ALL FAMILIES MUST PAY SOMETHING)

Per Month: \$ \_\_\_\_\_ Per Year: \$ \_\_\_\_\_

3. If you are awarded a scholarship, would you or your child be able 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)*
4. The Guardian Angel Society provides a Mentor & Tutor Program. Would you like your child(ren) to have a mentor? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent Availability:**

Yes, we would be available to assist.

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

Best Time: \_\_\_\_ Mornings \_\_\_\_ Afternoons \_\_\_\_ Evenings

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

4. Race (optional):  
 \_\_\_\_\_ African-American    \_\_\_\_\_ Asian    \_\_\_\_\_ Hispanic  
 \_\_\_\_\_ Sudanese    \_\_\_\_\_ White    \_\_\_\_\_ Other:



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

### **Photo/Media Release Authorization**

***For School Year: 2023-2024***

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, zoom meeting material, 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.

This release 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 2023-2024:**

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 fill out **one form per child**, sign, and return.*

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 (**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 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 2023-2024 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