



TUITION ASSISTANCE APPLICATION CHECKLIST

Deadline: Thursday, April 30, 2026

For Elementary School Students Entering Grades K-6

In order to be considered for Guardian Angel Society tuition assistance for Elementary School:

1. The student must be enrolled in either Blessed Sacrament or Most Holy Rosary
2. The parent/guardian must complete the following application and submit to the school main office or mail to the Guardian Angel Society.

Information Required & Signed:

- ___ Parent/Guardian Application
- ___ Photo/Media Release Authorization
- ___ Copy of **2025 Federal Income Tax return** of the parent/guardian **who claims the child on this application** for assistance.
(Do NOT include W-2 STATEMENTS)

Submit to the school's Main Office 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)

All Guardian Angel Society applications must include parent(s)/guardian(s) 2025 income tax returns. Formal award letters will be sent in June to parents/guardians of tuition scholarship.

If you need help with this application, please call the Guardian Angel office at (315) 422-2718.
If you need extra copies of this application, visit GuardianAngelSoc.org.



**PARENT/GUARDIAN APPLICATION
FOR 2026-2027 TUITION ASSISTANCE**

This application must be completed by the parent or legal guardian and returned by **THURS., APRIL 30, 2026**
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 Blessed Sacrament, Most Holy Rosary, Bishop Ludden/Grimes or CBA.

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

(OVER) ➡

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Please answer the following questions. If additional space is needed, please attach an additional page.

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

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

Per Month: \$ _____ Per Year: \$ _____

3. The Guardian Angel Society provides a Mentor & Tutor Program.
Would you like your child(ren) to have a mentor? Yes No

4. 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?

If YES: Circle one: i.e. events-set up, decorations, etc. or mailings, or other _____

Parent Availability: Yes, we would be available to assist.

Here is the best phone # to reach me at: _____
Best Time: Mornings Afternoons Evenings

5. Race (optional):

African-American Asian Hispanic
 Sudanese White Other: _____

6. In the event of school closure due to weather, does your child have access to the internet in order to attend school virtually? Please Circle one: YES NO



Photo/Media Release Authorization

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 2026-27:

STUDENT NAME: _____

SCHOOL: ___ Most Holy Rosary ___ Blessed Sacrament ___ Bishop Ludden-Grimes ___ CBA

STUDENT WILL BE ENTERING GRADE: _____

SIGNATURE OF PARENT/GUARDIAN:

DATED: _____ SIGNATURE: _____

PRINT PARENT NAME: _____