

**FAITH COMMITMENT and PARISH TUITION ASSISTANCE
 AGREEMENT FOR THE 2018/2019 SCHOOL YEAR**
 Our Lady of Mercy Regional School ~ 55 Fourth Avenue ~ East Greenwich, RI 02818

I/We, _____, request Tuition Assistance from _____ Parish.

In asking for Parish Tuition Assistance, I/We realize that I/We are renewing the commitment made in Baptism.

1. To have a Catholic Christian Home.
2. To teach my child by my life and my words the reality of Christ in our lives.

I/We therefore agree to build up and support the Parish Family in the following ways:

1. I/We will fulfill my duty as the primary Christian teacher of my child by teaching him/her by my life and my work. We will pray each day as a family.
2. The members of our family will celebrate Mass weekly at our Parish church.
3. I/We will support the Parish Family by contributing weekly to the budget. Envelope # _____

I/We promise to do my/our best in fulfilling these commitments to my family and to my Parish Family.

 Signature(s) of Parent(s)/Guardian _____
 Date

NAME OF CHILD(REN)

2016/17 GRADE

Please fill out Financial Aid Information on the FACTS Management website www.factstuitionaid.com by FEB 16th.

~~~~~ **FOR PARISH ONLY** ~~~~~

BECAUSE OF THE COMMITMENT TO CHRIST, FAMILY AND PARISH FAMILY LIFE MADE BY THE \_\_\_\_\_ FAMILY, IN THE NAME OF \_\_\_\_\_ PARISH FAMILY, I COMMIT TO THE FOLLOWING PARISH TUITION ASSISTANCE FOR THE YEAR 2018/2019.

(THE FOLLOWING IS TO BE FILLED OUT BY PASTOR)

1st CHILD \$ \_\_\_\_\_ 2nd CHILD \$ \_\_\_\_\_ 3rd CHILD \$ \_\_\_\_\_ 4th CHILD \$ \_\_\_\_\_ 5th CHILD \$ \_\_\_\_\_

**FOR A TOTAL PARISH TUITION ASSISTANCE OF \$ \_\_\_\_\_.**

(THESE TERMS ARE SUBJECT TO PERIODIC REVIEW BY THE PARISH.)

\_\_\_\_\_  
 Signature of Pastor

\_\_\_\_\_  
 Date

**RETURN THIS ENTIRE PAGE TO OUR LADY OF MERCY SCHOOL**