



# OUR LADY OF CHARITY SCHOOL

3620 SOUTH 57TH COURT · CICERO, IL 60804  
(708) 652-0262 PHONE · (708) 652-0601 FAX

## **2016-2017 Application for Our Lady of Charity Financial Assistance**

*Please print. If not applicable, simple write N/A*

Father's Name: \_\_\_\_\_  
Last First

Mother's Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Mother's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Father's Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

How would you like to be communicated? Home Phone Mother Cell Father Cell  
Mother e-mail Father e-mail

Parish your family is registered parishioner at: \_\_\_\_\_

Student(s) Name	Grades 2016-2017	Received Caritas?
_____	_____	___ Y ___ N
_____	_____	___ Y ___ N
_____	_____	___ Y ___ N
_____	_____	___ Y ___ N

This application is not complete until you complete the Grant and Aid application in FACTS tuition management

***A completed FACTS application must be filled out annually***

***For office use only:***

Interview Date: \_\_\_\_\_ By: \_\_\_\_\_

Financial Aid Awarded? Y N Amount: \_\_\_\_\_