



Holy Trinity Catholic School

3716 Boyce Avenue • Los Angeles • California • 90039

(323) 663 – 2064 • www.holytrinityla.com

Office Use:

CEF _____

NEI _____

Taxes _____

Request for Financial Assistance

New Families

2023-2024

This form is **CONFIDENTIAL** – Please fill it out and return with a copy of your most recent **1040**. Families within CEF Income guidelines (see attached) ***MUST*** request a CEF applications and submit the completed application with this form

Date: _____

Name _____ Phone _____

Address _____

Number of persons in your household: _____

Child Name _____ Entering Grade _____

Child Name _____ Entering Grade _____

Child Name _____ Entering Grade _____

Child Name _____ Entering Grade _____

Do you have tuition obligations at any other K-12 school? (please specify, including monthly tuition obligation) _____

Are you a registered parishioner at Holy Trinity? _____ Yes _____ No _____ No, but will register

Do you attend Sunday Mass regularly at Holy Trinity? _____ Yes _____ No

Are you involved in any ministries at Holy Trinity? (if “yes” – please describe)

Gross annual Household Income (from attached form 1040) _____

The Los Angeles Archdiocese offers tuition assistance to those based on the attached income guidelines. Do you meet these guidelines? YES _____ NO _____

If you do not meet these requirements, but are requesting financial assistance to be approved by our finance council, please state the extraordinary circumstances that make this necessary:

:::REQUIREMENTS:::

All families who receive financial aid, must help the school by earning back a portion of the aid. In order to make up this portion of the difference between the cost and the amount you are able to pay, you **MUST** select one or more of the following:

_____ I (we) will provide the school with some specific needed service that the school would otherwise pay for. (Please specify)

_____ I (we) will fill one of the specified school volunteer positions for the entire year - Morning Carline, Afterschool Carline, Yard duty, Seasonal coach, Morning extended care, Afternoon extended care. (Please specify)

_____ I (we) will do additional fundraising (Network Raffle, WF Candy Sale, Fun Run, and or Misc. Fundraising)

In addition, all families who receive financial aid, will be asked to sign up and volunteer their time. Dates TBD later. Please list which activities you would prefer. Note, your selection is NOT a guarantee that these items will be available to you. Assignments will be filled based on the submission date on this application. You make select more than one assignment.

After Masses:

- | | |
|-------------------------|----------------------------------|
| _____ Raffle Selling | _____ Festival Tickets Chocolate |
| _____ WF Chocolates | _____ Fun Run Pledges |
| _____ Misc. Fundraisers | _____ School Marketing |

Signature Required: _____ Date: _____

***** HTS OFFICE USE ONLY *****
2023-2024

Actual Annual Tuition \$ _____

Proposed Monthly Tuition \$ _____

_____ required # payments = Proposed Annual Tuition \$ _____

Discounted Tuition \$ _____

Additional Fundraising Agreement:

Profit total required \$ _____

Notes: _____
