



**Office of Catholic Education**  
**Archbishop's Tuition Assistance Grant for Archdiocesan**  
**Employees Application Form for 2017-18**

This application is for full-time employees of Archdiocesan parishes, regional schools, offices and agencies who are seeking an Archbishop's grant for tuition assistance at one of the 17 Archdiocesan high schools. You must complete the diocesan tuition assistance application ([www.smartaidforparents.com](http://www.smartaidforparents.com)) to be considered for a financial aid award from the Archbishop's Fund. The amount of the awards will depend on the number of applicants and the need of families.

Employee's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Employee's Social Security Number (for verification purposes) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Please list the name(s) of your children who will be attending an Archdiocesan high school for the 2016-17 school year. Only children of full time employees are eligible.

Student # \_\_\_\_\_ Student's Name \_\_\_\_\_ School \_\_\_\_\_

Student # \_\_\_\_\_ Student's Name \_\_\_\_\_ School \_\_\_\_\_

Student # \_\_\_\_\_ Student's Name \_\_\_\_\_ School \_\_\_\_\_

I certify that the above information is accurate and that I have completed a tuition assistance application.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

I certify that the individual listed above is a full time employee.

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

**Applications will not be accepted after March 31, 2017**  
**Return to: Frank Farrell [frfarrell@archphila.org](mailto:frfarrell@archphila.org)**  
**Office of Catholic Education, Archdiocese of Philadelphia**  
**222 N. 17<sup>th</sup> Street, Philadelphia, PA 19103**