



Bishop Rosecrans High School Parish Grant Verification Form

Parish Grant Verification:

Families who are active registered members of a Catholic parish are eligible for Participating Catholic tuition rates.

Parish Grant Verification

Parents' full names: _____

Street address: _____ City _____ Zip _____

Student name(s)	Grade(s)
-----------------	----------

I confirm that my family is registered with _____ Catholic Church and as such:

We will practice our Catholic faith participating in weekly Mass as the Sunday Eucharist is the center of our life as Catholics.

We will serve our parish by active involvement in its activities. Catholics give witness to their faith by taking part in the Church's ministry and mission.

We will contribute to our parish as we are financially able throughout the calendar year.

Parent signature: _____ Date: _____

Pastor Verification: I consider this family to be active registered members of my parish.

Pastor signature: _____ Date: _____

Your family is responsible for the non-participating member rate of tuition per child until Bishop Rosecrans High School receives this grant verification form from the pastor/member church.