



Faith Formation Payment Plan & Assistance Request

At Good Shepherd, we believe that no family should be turned away due to financial hardship. If full payment is difficult at this time, we are happy to work with you. Please complete this brief form so we can support your family.

Family Information

Parent/Guardian Name(s): _____

Student Name(s) & Program(s): _____

Email: _____

Phone: _____

Type of Support Requested

Payment plan only Partial assistance Full assistance Not sure / discuss

Payment & Assistance Plan Requested

Total Fees Due (if known): \$ _____

Amount able to pay at this time (if any): \$ _____

Preferred Payment Schedule:

Monthly Every other month One-time later date Other: _____

Proposed Payment Plan:

Target date to complete payments: _____

Optional – Share Your Situation

Temporary hardship Medical expenses Other: _____
 Job loss/reduced income Multiple children Prefer not to say

Additional comments:

Family Commitment

I understand that my child's faith formation is a priority and I will make a good-faith effort to follow the plan.

Signature: _____

Date: _____

For Parish Use Only/Notes:

Approved Modified Follow-up needed

Pastor/Designee Signature (Review and Approved): _____