

**SANTA MARIA DE LA PAZ  
CATHOLIC COMMUNITY  
Tuition Assistance Application**



In order to qualify for Tuition Assistance from Santa Maria de la Paz Catholic Community, **the following criteria must be met**:

- Student must be a current or prospective student at St. Michael's High School or Santo Niño Regional Catholic School
- Complete and submit Santa Maria De La Paz Catholic Community Tuition Assistance Application **by May 15, 2026 no later than 12:00PM**
- **Family must be registered as parishioners of Santa Maria de La Paz for a minimum of two (2) years**
- **Have established parish record of regular family envelope contributions**
- **Meet financial assistance eligibility requirements** at St. Michael's High School or Santo Niño Regional Catholic School **through approved financial assistance applications** – applications available at the schools where respective application deadlines and criteria must be met

APPLICANT INFORMATION – STUDENT

Name of Student:

Current Address:

City:

State:

ZIP Code:

Telephone number:

School attending for 2026 – 2027 academic year (check one):  St. Michael's High School -  Santo Niño Regional Catholic School

Grade Level for 2026 – 2027 academic year:

With whom does the student live (please check and explain or state percentage of time)?  Father and Mother  Father  Mother

Father and Stepmother  Mother and Stepfather  Guardian  Other \_\_\_\_\_ (Relationship)

Percentage of times with each, if more than one are checked \_\_\_\_\_

APPLICANT INFORMATION – PARENT/GUARDIAN

Name of Father:

Current Address:

City:

State:

ZIP Code:

Telephone - Home:

Cellular:

Work:

Occupation:

Name of Mother:

Current Address (provide if different from father's address):

City:

State:

ZIP Code:

Telephone - Home:

Cellular:

Work:

Occupation:

Name of Stepparent:

Current Address:

City:

State:

ZIP Code:

Telephone - Home:

Cellular:

Work:

Occupation:

Name of Guardian or Other:

Current Address:

City:

State:

ZIP Code:

Telephone - Home:

Cellular:

Work:

Occupation:

PARISHIONER INFORMATION - FAMILY	
When did the family register at Santa Maria de la Paz? Month: _____ Year: _____	
Does the family make regular monetary contributions utilizing a Parishioner envelope? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of student <b>currently active</b> in a Parish Ministry:	
Name of Ministry:	Date service commenced   Month: _____ Year: _____
Name of parent/guardian <b>currently active</b> in a Parish Ministry:	
Name of Ministry:	Date service commenced   Month: _____ Year: _____
<b>Has the student/family completed and applied for financial assistance at St. Michael's High School or Santo Niño Regional Catholic School under the school's respective deadline for the appropriate academic year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
DISCLOSURES	
<p><b>St. Michael's High School or Santo Niño Regional Catholic School will verify to Santa Maria de la Paz the applicant's financial need eligibility status and that the student has met all other school requirements and is in good standing. The student and family's personal financial information will not be disclosed to Santa Maria de la Paz and will remain confidential at the financial aid offices of the respective schools. Financial assistance will be paid directly to the respective school by Santa Maria de la Paz on behalf of the student. Santa Maria de la Paz Catholic Community committee members for Tuition Assistance will meet to determine eligibility for those students who have submitted applications and meet all other Parish tuition assistance requirements. Notification of financial assistance awards will be mailed in June of 2026. An annual application must be completed and submitted by all individuals seeking financial assistance in any given academic school year regardless of past awards granted. Due to limited resources and funding, no student will receive 100% of tuition costs from financial assistance. Families must plan for payments of unpaid balances with the respective school that the student is attending.</b></p>	
I authorize Santa Maria de la Paz Catholic Community Tuition Assistance Committee to verify with St. Michael's High School or Santo Niño Regional Catholic School financial need eligibility status and good standing.	
Name of Parent(s) or Guardian signing application:	
Signature of Parent or Guardian:	Date:
Signature of Parent or Guardian:	Date:
<p><i>Official Use by Santa Maria de la Paz Catholic Community Committee Members for Tuition Assistance</i></p> <p><i>Verification that student is in good standing with St. Michael's High School or Santo Niño Regional Catholic School and has qualified for financial assistance eligibility and met all other requirements:</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>	
Application approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Application Approved:
Signature of Santa Maria de la Paz Committee Head:	Date:
Notes:	