



BISHOP KELLY HIGH SCHOOL

PARISH SUPPORT APPLICATION FOR THE 2025 - 2026 SCHOOL YEAR

Student's Full Name: _____ Grade: _____

Parish: _____

Participating Parishes: Our Lady of the Rosary, Holy Apostles, Risen Christ, Sacred Heart, St. John's, St. Mark's, St. Mary's Boise, St. Paul's Nampa.

SUBMIT THIS FORM TO YOUR PARTICIPATING PARISH AT THE TIME THAT YOU SUBMIT YOUR TUITION APPLICATION TO BK.

This form must be completed if you are seeking the parish supported tuition assistance of \$800. This would reduce your annual tuition to \$9,650 from the regular tuition of \$10,450. Refer to the separate Tuition Assistance Application if you are applying for general Financial Assistance.

This form must be completed and returned to your parish in order to receive this tuition reduction. The supporting pastors, or their delegates, will verify your registration and participation in your parish before approving your tuition support payment to Bishop Kelly.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED - FILL IN ALL LINES

A	Applicant: Parent or Guardian	Co-Applicant: Spouse or Other Adult Living in Household
Name:		
Address:		
City/State/Zip:		
County:		
Work Phone:		
Cell Phone:		
Place of Employment:		
Occupation:		
E-mail Address:		
Relationship to Student:	Father Mother Stepfather Stepmother Legal Guardian Grandfather Grandmother Other _____	Father Mother Stepfather Stepmother Legal Guardian Grandfather Grandmother Other _____

DIVORCED or SEPARATED PARENTS: This form is to be completed by the parent responsible for the student's educational expenses. Shared responsibility requires an application from both parents.

The following criteria is generally used in determining participation in the parish (please check all that apply). Please check with your parish if you have questions regarding qualifications.

- ☐ The student is a baptized Catholic, regularly attends mass, and
- ☐ One of the parents or legal guardians of the student is a registered member of the parish by June 30 (date may vary depending on your parish) before the qualifying academic year; and
- ☐ The parent or legal guardian is a supportive parishioner of the parish. This support is exemplified by:
 - ☐ Regular financial support of the parish shown through regular use of parish envelopes, checks, or electronic financial giving; and/or
 - ☐ Regular participation in a parish ministry (e.g. music, liturgical ministry, religious education, adult Bible study, food bank), pastoral council or parish committee, or a parish organization (e.g. Knights of Columbus, the Society of St. Vincent de Paul, Legion of Mary, Guadalupanos). Fulfillment of any required volunteer hours at either the parish's School or Bishop Kelly High School does not fulfill this requirement. List areas of parish related ministry and/or service in which you are involved: _____

SIGNATURES: I (we) declare that the information provided is true and complete.

Parent or Guardian (Applicant) _____ Date _____

Spouse (Co-Applicant) _____ Date _____

Thank you for completing this application. All information is kept confidential. You may be contacted if clarification is needed. If Parish Support is denied, notice of this decision will be sent to you by October. ****Please contact your parish if you have any questions regarding this application.****