



OUR LADY OF MT. CARMEL CATHOLIC CHURCH

Return applications to:

Merciful H.E.L.P. Center
Jayne Slaton
1045 W. 146th Suite A
Carmel, IN 46032

Parish Programming Financial Aid Application 2019-2020

Dear Parishioner,

In difficult times, know that our prayers are with you. We are humbled that you have asked for assistance as we realize this was probably difficult for you. There are many families experiencing financial difficulty, you are not alone in your need! It is during the most difficult times in our lives that we learn much about ourselves. We will do what we can to help our parish programs fit into your family budget.

We have a structured program for helping our parishioners in need of assistance with fees related to all our ministries here at Our Lady of Mt. Carmel. We use a generous sliding scale to determine need and to assist parishioners. Our sliding fee scale allows families in need a discount appropriate to their income and family size. Your information will be held in confidence. Once you complete this form it will apply to all ministries that you circle on the attached form for the 2019-2020 school year only. You may be asked to complete a new or different form if your situation changes or you ask for other types of assistance from the Merciful HELP Center.

If you would be so kind as to complete the attached form, we would be happy to consider your request for assistance with parish programming.

If you have questions, please email SlatonJ@OLMC1.org or call 317-663-4005.

You may FAX completed applications to 317-663-4037, mail to the address above or hand deliver to the Merciful HELP Center in the Matthew 25 Building or the Parish Office in an envelope marked "Jayne Slaton". If you haven't received word and your program is beginning after submitting your application, please email Jayne directly.

May God Bless you today and everyday!

Jayne Slaton

Director, Merciful H.E.L.P. Center

Director, OLMC Outreach and Pastoral Care Council



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This application must be complete. Please circle ALL of the programs that you are seeking a reduced fee for. Thank you!

Children listed should be your child, foster child or a child you are the LEGAL guardian of and lives with you.

FORM MUST BE COMPLETE **DATE OF APPLICATION:** _____

Mother Last Name	Mother First Name	Phone #	Marital Status	Birth date	Parish Affiliation
_____	_____	_____	M D W S	_____	_____
Father Last Name	Father First Name	Phone #	Marital Status	Birth date	Parish Affiliation
_____	_____	_____	M D W S	_____	_____
Street Address	City		State	Zip	
_____		_____	_____	_____	
Total # of family members: _____			Family email contact: _____		

Family INFORMATION Must be <u>entirely</u> completed	Birth date MM/DD/YYYY	Grade	Gender	Circle Assistance you are seeking for each person <i>Free & Reduced Lunch, Book Fees & TFS require a separate form</i>
1.			M F	Edge, Sports, Antioch/Confirmation/Destination Jesus, Counseling Child Rel. Ed. (PRE), Adult Rel. Ed.(ARE), Pastoral Programming Tools for School, Free and Reduced Lunch, Book Fees, Financial Peace
2.			M F	Edge, Sports, Antioch/Confirmation/Destination Jesus, Counseling Child Rel. Ed. (PRE), Adult Rel. Ed.(ARE), Pastoral Programming Tools for School, Free and Reduced Lunch, Book Fees, Financial Peace
3.			M F	Edge, Sports, Antioch/Confirmation/Destination Jesus, Counseling Child Rel. Ed. (PRE), Adult Rel. Ed.(ARE), Pastoral Programming Tools for School, Free and Reduced Lunch, Book Fees, Financial Peace
4.			M F	Edge, Sports, Antioch/Confirmation/Destination Jesus, Counseling Child Rel. Ed. (PRE), Adult Rel. Ed.(ARE), Pastoral Programming Tools for School, Free and Reduced Lunch, Book Fees, Financial Peace
5.			M F	Edge, Sports, Antioch/Confirmation/Destination Jesus, Counseling Child Rel. Ed. (PRE), Adult Rel. Ed.(ARE), Pastoral Programming Tools for School, Free and Reduced Lunch, Book Fees, Financial Peace
6.			M F	Edge, Sports, Antioch/Confirmation/Destination Jesus, Counseling Child Rel. Ed. (PRE), Adult Rel. Ed.(ARE), Pastoral Programming Tools for School, Free and Reduced Lunch, Book Fees, Financial Peace

Monthly Income: Please complete this section as best you can. **Enter an income amount, check all that apply:**

Father's **Monthly** Employment Income \$ _____ Mother's **Monthly** Employment Income \$ _____

VA Benefits Retirement TANF Unemployment

SSI Food Stamps Child Support Other Household Members Income \$ _____

A snap shot of your family's essential monthly budget:

Rent/Mortgage \$ _____	Phone \$ _____	Medical Debt \$ _____
Electric \$ _____	Car \$ _____	Other Debt \$ _____
Gas \$ _____	Car Ins. \$ _____	Tuition \$ _____
Water \$ _____	Cable \$ _____	Child Support \$ _____
Trash Rem. \$ _____	Food \$ _____	Child Care \$ _____
Prescriptions \$ _____	Other \$ _____	Health Ins. \$ _____

MHC USE ONLY

Date Received: _____

Date Entered: _____

Circle:

Mail Phone Email

Approved Denied

% Reduction: _____

% Family Pays: _____

Family Notified: _____

Director Notified: _____

Holiday Form Mailed:

Tools for School Form Mailed:

All information is true and correct: **Signature** _____ **Date** _____

Mail to: Merciful HELP Center, Attn: Jayne Slaton
1045 West 146th St. Suite A, Carmel, IN, 46032 OR FAX (317) 663-4037