

# St. James the Apostle Religious Education Payment Plan or Assistance Questionnaire

If requesting a payment plan, waived fee, or discount, you must fill out this form. Please note, if requesting assistance, YOU MUST BE A REGISTERED parishioner. If you are not, please fill out a parish form to register with our parish as well. We reserve the right to approve or deny requests if necessary.

\* Required

1. **FORM DATE:** \*

\_\_\_\_\_  
*Example: December 15, 2012*

2. **Name of Paying Parent/Guardian** \*

\_\_\_\_\_

3. **Email Address:** \*

\_\_\_\_\_

4. **Home Address** \*

\_\_\_\_\_

5. **Primary Phone #** \*

\_\_\_\_\_

6. **Marital Status** \*

*Mark only one oval.*

Married

Single

Divorced

Separated

Widowed

Other: \_\_\_\_\_

7. **Parishioner/Envelope # (if you have)** \*

Please indicate "none" if no #

\_\_\_\_\_

8. **How long has your family been a member of this parish?** \*

\_\_\_\_\_

9. Does your family attend Mass weekly? \*

Mark only one oval.

Yes

No

10. Children's names & ages of only those who are currently living with you on a daily basis \*

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## Financial Information

11. Are you currently employed? \*

Mark only one oval.

Yes, Full Time

Yes, Part Time

Per Diem Work

No

Other: \_\_\_\_\_

12. Name of Current or Last Employer \*

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13. Address of Current or Last Employer \*

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14. Phone # of Current or Last Employer \*

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15. Please provide a reliable reference that can attest to your character (NO family members) \*

Name & Phone #:

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**16. List any type of public financial assistance you are receiving: \***

*Check all that apply.*

- Unemployment
- Social Security
- Workers Compensation
- Disability
- None
- Other: \_\_\_\_\_

**17. Are you receiving child support or paying child support?**

*Mark only one oval.*

- Receiving Child Support
- Paying Child Support
- No
- Other: \_\_\_\_\_

**18. Do you pay for additional activities for your children?**

*Mark only one oval.*

- Yes
- No

**19. If so, what activities are your children or family involved in?**

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**20. Are you willing to confidentially meet with the DRE to discuss your situation? \***

*Mark only one oval.*

- Yes
- No

**Reasons for Requesting a Payment Plan or Assistance**

21. Briefly explain the circumstances which brought about this need and what you are requesting:

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22. Would you be willing to volunteer in our program as a: \*

Necessary Archdiocesan Background checks would be required and Safe Environment course taken.  
Tuition is either waived or discounted for volunteers.

*Check all that apply.*

- Catechist (if appropriate)
- Catechist Assistant
- Substitute
- Hall Monitor
- Parking Attendant
- Office Assistant

## Agreement and Signature

I give my permission to have the appropriate parish personnel validate any of the above information.  
By signing this form electronically, I am agreeing that the above information is accurate and valid.

23. Signature \*

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24. Signed Date \*

*Example: December 15, 2012*

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