



Our Lady Star of the Sea School  
PO Box 560, 90 Alexander Lane  
Solomons, MD 20688  
Phone (410) 326-3171

Pastor: Father Robert Kilner  
Principal: Mrs. Jennifer Thompson

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## VERIFICATION OF CATHOLIC ELIGIBILITY FORM

- This form is to be completed annually by active, registered members of a Catholic parish seeking the Catholic Active Parishioner Grant (CAPG) for students to attend the parish school.
- **Completed applications must be signed by the family's Pastor and submitted to the Principal.**
- All information will be kept confidential and will be reviewed by school administration only.

### PARISHIONER NAME(S) & CONTACT INFO:

Name: \_\_\_\_\_

Relationship to student(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Name of Parish: \_\_\_\_\_

School Year Grant Will Apply To: \_\_\_\_\_

### LIST ALL DEPENDENT CHILDREN:

Name of Child	Date of Birth	Grade child will be in	Current School	Has child received eligible sacraments?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PARISH INFORMATION:**

I confirm that my family is a registered member of (parish): \_\_\_\_\_ and

- We will practice our Catholic faith, participating weekly at Mass as the Sunday Eucharist is the center of our life as Catholics.
- We will serve our parish by active involvement in its activities. Catholics give witness to their faith by taking part in the Church’s ministry and mission.
- We will contribute to our parish as we are financially able throughout the calendar year

*We understand that should we fail to uphold the responsibilities listed in this agreement, the pastor, at his discretion, may discontinue the parish support of our children at OLSS School. We understand that should financial support from the parish be stopped, our tuition rate will be changed to non-supporting rates and retroactive to the date designated by the pastor. The balance will then be added to our current tuition and is the sole responsibility of the parent/guardian below.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pastor Verification:** *I consider this family to be an active registered member of my parish.*

Pastor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MONETARY SUPPORT OF PARISH:**

Do you satisfy weekly offertory obligations? (circle one): Yes No

Do you support the Archbishop’s Appeal? (circle one): Yes No

If not, please explain: \_\_\_\_\_

**VOLUNTEER SERVICE:** Please share any type of service you are willing and/or able to provide to the school/parish:

\_\_\_\_\_  
\_\_\_\_\_

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**FOR ADMINISTRATIVE USE ONLY**

Budgeted Tuition: \$ \_\_\_\_\_

ADW Assistance \$ \_\_\_\_\_

BOOST: \$ \_\_\_\_\_

Parish Assistance: \$ \_\_\_\_\_

Family Amount: \$ \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_