



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

VERIFICATION OF CATHOLIC ELIGIBILITY FORM FOR 2023-2024 SCHOOL YEAR

This form is to be completed annually by active, registered members of a Catholic parish seeking the Catholic Active Parishioner Grant (CAPG) for a student(s) 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.

ACTIVE PARISHIONER NAME(S) & CONTACT INFO:

Name: _____ Relationship to student(s): _____

Address: _____

Phone: Home _____ Cell: _____

Name of Parish: _____

LIST ALL DEPENDENT CHILDREN:

Child's Name	Age	'23-24 Grade	Current School	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:



FOR ADMINISTRATIVE USE ONLY

Budgeted Tuition: \$ _____

ADW Assistance \$ _____

BOOST: \$ _____

Parish Assistance: \$ _____

Family Amount: \$ _____

Monthly Amount: \$ _____

Notes: _____

