

THE PROUT SCHOOL
PARISH FINANCIAL ASSISTANCE REQUEST FORM

2023-2024 SCHOOL YEAR

STUDENT NAME: _____ Grade (23-24) _____

HOME ADDRESS: _____

PARISH: _____

ADDRESS OF PARISH: _____

Parent Signature: _____ Date: _____

Tuition (23-24): \$16,500

Student(s) Name:	Financial Assistance

Pastor Signature: _____ Date: _____

The Parish is requested to return this form or a formal letter indicating the amount of assistance that will be provided to:

The Prout School
Attn: Business Office
4640 Tower Hill Rd
Wakefield, RI 02879