

**THE PROUT SCHOOL**  
**PARISH FINANCIAL ASSISTANCE REQUEST FORM**

**2017-2018 SCHOOL YEAR**

STUDENT NAME: \_\_\_\_\_ Grade (17-18) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PARISH: \_\_\_\_\_

ADDRESS OF PARISH: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tuition (17-18): \$14,070.00**

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