

PARISH TUITION ASSISTANCE FORM

Form P

St. Bernard's School of Theology and Ministry At Albany

40 North Main Ave. Albany, NY 12203

Phone 518-453-6760

E-mail – stbernards@rcda.org

www.stbernards.edu

APPLICANT:

Name: _____

email: _____

Parish _____ City: _____

Course(s): # _____ Title _____

_____ Title _____

SPONSOR:

The sponsor completes this section if the applicant is active in the parish.

All checks are made out to St. Bernard's School of Theology and Ministry.

Sponsor's Name: _____
(Please Print)

Position _____ Place _____

I recommend _____ for graduate studies at St. Bernard's.

The diocese will continue trying to support our students up to 1/3 of the amount of each course per semester or \$488.00 per course. We ask parish leadership for the same amount or as much as they can do of the \$488.00 per course. Please state amount of support below, and indicate the semester.

We agree to Tuition Assistance of \$ _____ For Fall For Spring For Summer
(amount) (please circle one)

Sponsor's Signature

Date