PASTOR SIGNATURE FORM

Tuition Assistance Program

Parents – All **Catholic** awardee families must be current members of a Catholic parish within the Archdiocese of Detroit. Your Pastor's signature on this form **is required to complete your application**. *Please read these directions carefully:*

1. **Ask your Pastor to sign this form.**

2. **Return the signed form to your child's school.**
   - The school is responsible for verifying the receipt of this form.
   - Submit the original signed form to one of schools and provide copies to the other school(s) if your children attend more than one AOD Catholic school. Write on top of the copied form:

     "Copy – This form was received at (Name of School/City) on (Date)."

   - Please turn this form into your child's school office no later than **February 26, 2027 – *This form must be marked as "received" on your FACTS application by February 26, 2027***. The AOD recommends completing this step as soon as possible.

3. **Keep a copy of this signed form for your records.**

Applicant I.D. Number: (Important) _____

Parent(s) Name: (on the application) _____

Student 1:

Name: _____ School/City: _____

Student 2:

Name: _____ School/City: _____

Student 3:

Name: _____ School/City: _____

Date Submitted to School: ___ / ___ /___

_____ _____

Name of Parish School/City

_____

Name of Pastor

By signing this form, I am verifying that the applicant is an active member of my parish. I understand this information will be used to process his/her Tuition Assistance Application.

_____ _____

Signature of Pastor Date

_____ _____

Name/title of the school's representative in receipt of this form. Date