



Parish Participation Grant Form

Date of School Registration: _____

Parish: _____

Name and Grade of Students Registered (K5 - 8th Grade):

1. _____ Grade: _____

2. _____ Grade: _____

3. _____ Grade: _____

4. _____ Grade: _____

Family Last Name: _____

Parent's Name(s): _____

Address: _____

City, Zip Code: _____ Phone Number : _____

Parish Offertory Envelope Number: _____

Date Registered in Parish: _____

My family meets all the following criteria set by the Pastors in the Panama City area:

(please verify and initial)

_____ Registered member of the parish.

_____ All family members regularly attend Sunday Mass.

_____ Contribute time and talent to the various ministries and organizations within the parish.

This document must be given to and signed by your Catholic Pastor **each year for you to qualify for the parish subsidy. You must return this form to the school. If this form is **not returned or not approved** by your pastor, **you will be expected to pay the full tuition rate.***

St. John Catholic Academy prepares and educates students for academic success and forms disciples of Christ for life.



Pastor's Verification of Parish Participation

_____ I hereby verify that the _____ Family are **active members of this parish** and **entitled to** the Parish Participation Grant at St. John Catholic Academy for the 2023-2024 school year.

_____ The _____ Family **does not meet the requirements** set by the Pastors and is not entitled to Parish Participation Subsidy.

1. _____ Grade: _____ Amount: _____
2. _____ Grade: _____ Amount: _____
3. _____ Grade: _____ Amount: _____
4. _____ Grade: _____ Amount: _____

Family Total: _____

I understand that as pastor I am expected to pay from the parish funds a subsidy determined by the Pastors' Agreement for the coming year to St. John Catholic Academy by April. I further understand that during the course of the year I can revoke the subsidy if the family is not following the standards established by the parish. If this happens, I, as pastor, will notify the school and the family will be expected to pay the full tuition rate.

Pastor's Signature: _____

Date: _____

Parish Seal/Stamp

Pastors, please make a copy of this form for your records and email this form to: enroll@sjseagles.org

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enroll@sjseagles.org

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