



**-Request for Referral Funds-
2019-2020 Fiscal Year**

Deadline to request funds: For the 2019/2020 School Year: May 1, 2020

Date: _____

Parent(s) Name: _____

Contact information: Phone _____ E-mail _____

Name of Student: _____ School: _____

(Only one student per application)

PLEASE CHECK ONLY ONE BOX:

- I have applied for financial aid through FAIR, Inc. and have additional need. I am requesting tuition assistance through the CTSO Referral Plan.

- I have **not** applied for financial aid through FAIR, Inc. but I do have financial need and I would like to request tuition assistance through the CTSO Referral Plan. As required, I have attached an Income Verification Form.

<p><i>CTSO USE ONLY</i></p> <p><i>ITC 2</i> _____ <i>CTC</i> _____ <i>ITC</i> _____ <i>Tuition balance</i> _____</p>

Please send completed applications and Income Verification Forms by mail or fax or scan and email to:
Julieta Gonzalez, Scholarship and Outreach Manager
CTSO, PO BOX 31, Tucson, AZ 85702; or **FAX:** 520-838-2578 or **Email:** jgonzalez@diocesetucson.org