

TUITION ASSISTANCE FOR CATECHETICAL LEADERS
*Department of Education, Archdiocese of Detroit in Conjunction with
Sacred Heart Major Seminary*

AUTHORIZATION FORM

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Home telephone:

Work telephone:

VERIFICATION OF CATECHETICAL SERVICE

Parish

City

During this semester, student is serving in the following catechetical ministry:

_____ OTHER (please explain) _____

Signature of Pastor or Parish Supervisor

Date: _____

REGISTRATION INFORMATION

Term beginning date: _____

Term ending date: _____

Course Title(s) and Number(s): _____

RELEASE OF INFORMATION: I hereby authorize Sacred Heart Major Seminary to release academic progress information (grades and academic standing) to the Director's Office, Office for Faith Formation/Catechetics, Archdiocese of Detroit.

Note: *If a student who has received Archdiocesan tuition assistance withdraws from a class, he/she is responsible for the full cost of tuition.*

Student Signature

Date: _____

PLEASE RETURN THIS FORM TO SACRED HEART MAJOR SEMINARY.
Form should be delivered to the **Financial Aid Office**, or it may be faxed to 313-868-7025