LETTER OF SPECIAL CIRCUMSTANCES

Please send this form to:

Catholic Secondary Schools
Attn: Tuition Grants
360 Division Ave S Ste 3A
Grand Rapids, MI 49503-4539

Student's Name _____

Please Circle High School: CC WC Grade in Fall: _____

Date PSAS postmarked: _____

Father/Guardian's Name _____

Mother/Guardian's Name_____

Address _____

City, State, Zip _____

Phone: _____ Cell: _____

Email _____

Please describe any special circumstance(s) that you would like us to consider in our tuition grant review.

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Parent/Guardian Signature ***Date***