LAFAYETTE CATHOLIC SCHOOL SYSTEM
REQUEST FOR ADDITIONAL AID
2020-21 School Year

Parent 1 Last Name (as it appears on the Student Aid application) | Parent 1 First Name | Parent 2 First Name

Phone Number | Email Address

Desired Monthly Payment (over 10 months): $_____

Total Requested Additional Amount: $_____

Please describe your circumstances that cause your family to require additional Student Aid.

Continue on back if needed

Submit form to:

Barb Schummer, Student Aid Coordinator
bschummer@lcss.org
FAX: 765.474.5426

Admissions & Student Aid Office
2410 S. 9th St.
Lafayette, IN 47909