

# The Mary C. Forbes Foundation

## SCHOOL FINANCIAL ASSISTANCE REPORT FOR SCHOOL YEAR 7/01/23-6/30/24

(Please print or type the following information)

The information requested is based on financial assistance as of June 30, 2024 for the school year 7/01/23 - 6/30/24.

School Name \_\_\_\_\_

School Address \_\_\_\_\_

Name of Principal \_\_\_\_\_

Person Completing this Report \_\_\_\_\_ title \_\_\_\_\_

Telephone Number of Person Completing this Report \_\_\_\_\_  
Number/ extension \_\_\_\_\_

Circle below which applies to your school:

Parish School

Diocesan School

Private

A. Student Enrollment

\_\_\_\_\_

B. Cost per Student

\_\_\_\_\_

C. Tuition Cost for

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

Child 4: \_\_\_\_\_

D. Tuition Rates for Individual Students:

Practicing & Supporting Catholics: \_\_\_\_\_

Non-Supporting Catholics: \_\_\_\_\_

Non-Catholic: \_\_\_\_\_

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D'Arcy R. Clarie, Trustee  
1101 Pasadena Avenue S., Suite 3  
St. Petersburg, Florida 33707  
Phone (727) 560-6788  
Facsimile (727) 344-6659  
Email: [info@marycforbesfoundation.com](mailto:info@marycforbesfoundation.com)

Does Your school have a scholarship and/or endowment fund? Yes \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, what is the current amount held to support scholarships? \_\_\_\_\_

**FINANCIAL ASSISTANCE:**

1. How much **money** did your school receive from **the Parish Subsidy or Diocese Subsidy** to support and/or maintain your school in this school year of 2023-2024? \_\_\_\_\_  
 \_\_\_\_\_
2. Source and amount of Tuition Assistance granted to the Students:

SOURCE OF TUITION ASSISTANCE FOR THE STUDENTS	AMOUNT OF TUITION AWARDED	NUMBER OF STUDENTS
From within your own school		
Catholic School Tuition Assistant Grant		
Step Up for Students		
Matching Funds		
McKay Scholarship		
Kremer Foundation		
Forbes Scholarship		
Gardiner		
AAA		
Other		
<b>TOTAL</b>		

3. Average amount of Tuition Assistance received per student from these funds:  
 (some students may receive more than one scholarship so this will be an estimate)  
 \$ \_\_\_\_\_ (Total of amount awarded divided by number of students)

**CERTIFICATION:**

I hereby certify that the information submitted in this report is true and correct to be best of my knowledge and belief.

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Date \_\_\_\_\_ School Administrator Signature \_\_\_\_\_

Please return the completed report to D’Arcy R. Clarie, Trustee of the Mary C. Forbes Charitable Trust, 1101 Pasadena Avenue South, Suite 3, South Pasadena, Florida 33707, on or before June 30<sup>th</sup>

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