

The Mary C. Forbes Foundation

SCHOOL FINANCIAL ASSISTANCE REPORT FOR SCHOOL YEAR 2024-2025

(Please print or type the following information)

The information requested is based on financial assistance as of June 2023 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: _____

D'Arcy R. Clarie, Trustee
7226 13TH Avenue North
St. Petersburg, Florida 33710
Phone (727) 560-6788
Facsimile (727) 344-6659

Email: 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 2024-2025? _____

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		
TOTAL		

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.

Date _____ School Administrator Signature _____

Please MAIL the completed report to D'Arcy R. Clarie, Trustee of the Mary C. Forbes Charitable Trust to the following address: 7226 13th Avenue North;
 St. Petersburg, Florida 33710.