

Active First Responder & Military Verification Form

This program is open to all families who are employed by EMS, Police, Sheriff's Department, a Nurse, or active Military personnel. This program is for any Sacred Heart family, new or current. Program recipients are either the mother/father/legal guardian of the student and he/she must provide proof of employment/service attached to this form. Families will receive a \$1,000 discount of their child's tuition; the grant is renewable each year. If eligible, please fill out this form and return it to the admissions office.

Please contact Kara Oaks at koaks@sheartschool.com or Delaney Sullivan at dsullivan@sheartschool.com with any questions.

Student Name: _____ Grade: _____

Parent Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

EMT

Firefighter

Police/Sheriff

Military

Employer Verification

I confirm that _____

is currently serving with the _____

(Name of organization)

Employers Signature: _____ Date: _____

Employers Name & Title: _____

Employer Contact Information: _____
