DEADLINE: November 22, 2023



SCHOOL YEAR: 2024-2025 ARCHDIOCESE OF MILWAUKEE EMPLOYEE TUITION REDUCTION APPLICATION

STUDENT NAME:		GR	GRAD YR:	
ADDRESS:(Street)				
(Street)	(City)	(Sta	te)	(Zip)
NAME OF ARCHDIOCESE EMPLOYEE:				
RELATIONSHIP TO STUDENT(S): (circle one)	Mother	Father	Legal (Guardian
HOME PHONE:	WOR	K PHONE:		
PARISH OR SCHOOL WHERE EMPLOYED:				
PARISH/SCHOOL ADDRESS:(Street)		(City)	(State)	(7:)
, ,				
JOB TITLE/POSITION		DATE OF HII	RE*:	
Full-time employee				
Part-time Employee	How many hou	ırs per week ar	e you workin	g?
*Must have been employed a minimum of one fu	ull year to be eli	gible for this tui	tion reduction	program.
Check One:				
☐ Total annual household income is g☐ Total annual household income is le		•		
I hereby acknowledge that all job-rela		AUTHORIZ		accurate, and that
is	s an employe	e of		
and is part of the Archdiocese of Milv		(Parish/	School Name	e)
Signed:		Date: _		

Return Form by scan/email to: admissions@piusxi.org

Or mail to:

Pius XI Catholic High School Attn: Office of Admissions 135 N. 76th St. Milwaukee, WI 53213