

TRINITY SCHOOL  
FINANCIAL ASSISTANCE PROGRAM  
RENEWAL APPLICANT QUESTIONNAIRE

STUDENT NAME: \_\_\_\_\_

\_\_\_\_\_

PLEASE LIST BELOW THE CONTRIBUTIONS OF TIME, ENERGY, AND  
SUPPORT YOU HAVE GIVEN TO THE SCHOOL DURING THE YEAR.

PLEASE RETURN THIS FORM TO: [kspiegel@trinityschoolmd.org](mailto:kspiegel@trinityschoolmd.org)

Trinity School, Inc.

Attn: Sr. Catherine Phelps, Principal

4985 Ilchester Road

Ellicott City, MD 21043

DEADLINE: IN OUR OFFICE BY JANUARY 3, 2012.