



St. Thomas More Collegiate

LEARN. LEAD. SERVE.

PARISH SUBSIDY FORM

Confidential – To Be Completed By The Applicant's Parish Priest

I am pleased to advise that [Student/Family Name] _____ and her/his family are:

Registered Parishioners or

Active Parishioners

of [Name of Parish] _____.

Amount of Parish Subsidy _____ per year

Confirmed by:

(PLEASE PRINT)

Priest's Name: _____

Signature: _____

Date: _____, 2026

*Please return the above form completed and signed by the Priest to: **Mrs. Susan Silveira**, Director of Business Operations, St. Thomas More Collegiate Ltd. 7450 12th Avenue, Burnaby, BC, V3N 2K1.*