

FINANCIAL ASSISTANCE REQUEST

The Student Assistance Program is designed to help families who are unable to cover the cost of attending Sunnydale Adventist Academy. **Student assistance applications for returning students need to be completed by June 30.** If you have questions or need assistance as you are completing the application, please call Sunnydale Academy.

STUDENT INFORMATION

Name _____ Date of Birth _____

FINANCIAL RESPONSIBILITY

Financial / Guardian Name _____ Occupation _____

Address _____

City _____ State _____ Zip _____

Financial / Guardian Name _____ Occupation _____

Address _____

City _____ State _____ Zip _____

Number of children in household _____

Number of children in SDA Schools: Elementary _____ Academy _____ College _____

FAMILY FINANCIAL INFORMATION

Parents previous year adjusted gross income per Form 1040 \$ _____

For this student aid request to be considered, a copy of the parents/guardians last tax year 1040 (pages 1 & 2 only) or verification of income, must accompany this completed form.

Other non-taxable income (Social Security, ADC etc.) \$ _____

Other information helpful for determining financial assistance: _____

(see reverse side)

PARENT COMMITMENT

I am able to pay \$ _____ per month for 10 months, to support my child and their attendance at Sunnydale Adventist Academy.

Responsible Party Signature

Date

Responsible Party Signature

Date

STUDENT COMMITMENT

If requesting financial assistance, students must contribute to their education by obtaining a summer job and paying proceeds towards their tuition prior to the start of school. Different methods of earning money are working at summer camp, magabooking, or a local job in their area. If a student works at summer camp, Sunnydale Adventist Academy will match 50% of earnings paid towards tuition. A student can earn a 25% match towards tuition in the magabooking program. An example of what is expected is shown below.

| <u>Earning Opportunity</u> | <u>Earnings</u> | <u>Matching Scholarship</u> |
|----------------------------|-----------------|-----------------------------|
| Summer Camp | \$1,200. | \$ 600. |
| Magabooking | \$1,000. | \$ 250. |
| Local Job | \$1,000. | |

If a student is unable to obtain a summer job either due to age or availability, they may contribute to their education by obtaining an approved volunteer position in their area. Total hours required for the summer is 120 hours.

Student Name Printed

Student Signature

CHURCH COMMITMENT

(If attending a Seventh-day Adventist Church)

The student's local church can also help contribute to the student's education. If requesting financial assistance, a 3-way matching scholarship application must be submitted to their local church. If the church is not capable of contributing they may indicate so and return it to the Academy.

Local Church Name: _____

If you have any questions or concerns, please contact Bette Patterson, VP of Finance at 573-682-2164 x203.

Sunnydale encourages parents or guardians of students accepting financial assistance, to agree for an electronic withdrawal in the amount of the parent/guardian contribution monthly amount listed on the financial plan. Please complete this withdrawal authorization as a part of the application process.

ELECTRONIC WITHDRAWAL AUTHORIZATION **(Preferred Method)**

I, _____, hereby authorize Sunnydale Adventist Academy to make electronic withdrawals from my personal banking account or credit/debit card account. I authorize Sunnydale to make such withdrawals as follows:

\$ _____ per month to be applied to _____'s account.
Student's Name

The withdrawal date is the 15th of each month, or other _____.

Please begin making withdrawals with the month of _____ (Aug) and end with the month of _____ (May).

_____ By Electronic Check:

Account Holder Name _____
Bank Routing Number _____
Checking/Saving Account Number _____
Address _____
Email Address _____
Phone Number _____

_____ By Debit / Credit Card

Card Number _____
 Visa Mastercard Discover American Express
Name as on Card _____
Card Billing Address _____
Card Expiration Date _____ CVV _____
Email Address _____
Phone Number _____

Parent/Guardian Signature

Parent/Guardian Printed Name