

ASAF Matching Request

Student—complete the Student App section below.

Pastor & Treasurer—

1. Complete the Church Commitment.
2. Send copy of this half-page to: AK Office of Education with check payable to AK Conference.
3. The conference will combine your monies with conference matching funds and send the monies to the school.

Student Application

Student name _____

Address _____

City _____ ZIP _____

DOB _____ Grade entering _____

Home church _____

Applying to attend:

School name _____

Address _____

City/State/ZIP _____

Phone (_____) _____

To be completed by the church pastor and treasurer:

Church Commitment

The _____ Church has voted to assist the student listed above in the amount of \$ _____ per semester for the 20____-20____ school year.

Church treasurer signature Date

Church pastor signature Date



NOTE

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Alaska Student Assistance Fund

The Alaska Student Assistance Fund (ASAF) is designed to assist Alaskans in meeting their tuition expenses at a Seventh-day Adventist academy outside of Alaska. ASAF will match the amount given by a local church (up to \$500 per semester) to aid a specific student. Funds will be applied to the student's account on a semester basis; churches may choose to send both terms in at once.

A copy of the Church Commitment should be received at the AK Office of Education as early as possible to insure adequate consideration. At any time, if there are more requests than funds available, the distribution will be on a proportionate basis. **Applications received after October 30 will be considered for spring term; applications received after March 30 will be considered for the following fall term.**

It is recommended that the parent(s) and the student(s) be members of the local SDA church in good and regular standing and be tithe payers.

The application will be considered only if fully completed with all requested documentation.

Family Information

Student Name _____

Father's Name _____

Address _____

City/ZIP _____

Occupation _____

Mother's Name _____

Address _____

City/Zip _____

Occupation _____

Name and ages of dependent children:

Reason for requesting assistance (be specific) _____

Financial Information

Parents' adjusted gross income \$ _____
 *Attach top page of IRS form

Untaxed income & benefits (subsidies, ADC, etc.) \$ _____

Last year's medical exp not paid by insurance \$ _____

Liquid assets: cash \$ _____

savings \$ _____

stocks \$ _____

bonds \$ _____

other \$ _____

Number in family attending school _____

Total monthly payment for educational costs \$ _____

PFD available for school bill \$ _____

Additional information to assist in determining need _____

Amount requested \$ _____

Parent(s) planned monthly payment \$ _____

Parent(s) planned total for year \$ _____

Statement of Commitment

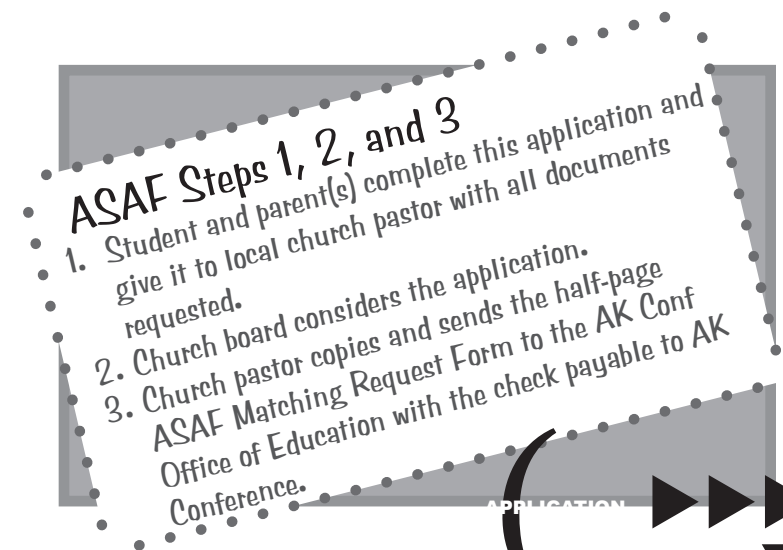
I, the undersigned, understand that continuation of assistance depends on my strong desire to gain a Christian education and my willingness to obey school regulations both in action and in spirit. Also, I will faithfully perform my work duties assigned by the academy. If I am negligent in any of these areas, further assistance will be in jeopardy, to be terminated or extended at the discretion of the K-10 Board of Education.

 Student Signature Date

 Person financially responsible Date

Alaska Student Assistance Fund

ASAF APPLICATION



Funding provided in part by:

- Alaska Sunshine Ministries Endowment Earnings
- Sherburne Smith Matured Trust

