

Student Name: \_\_\_\_\_ NAD ID# \_\_\_\_\_ (office use only)



# SAN MARCOS

ADVENTIST JUNIOR ACADEMY

## STUDENT AID REQUEST

1523 Old Ranch Road 12  
San Marcos, TX 78666  
Ph. 512.392.9475 Fax. 512.392.2693  
[smaja@smaja.org](mailto:smaja@smaja.org)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FAMILY INFORMATION

Parent(s) Names: \_\_\_\_\_

Student(s):

- 1. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F Lives at Home:  Yes  No
- 2. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F Lives at Home:  Yes  No
- 3. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F Lives at Home:  Yes  No
- 4. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F Lives at Home:  Yes  No

### PARENT EMPLOYMENT

**Father:** Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
Monthly income: \_\_\_\_\_ Are you on commission? \_\_\_\_\_

**Mother:** Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
Monthly income: \_\_\_\_\_ Are you on commission? \_\_\_\_\_

Other Monthly Income: \_\_\_\_\_ Child Support: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Veterans: \_\_\_\_\_ Other: \_\_\_\_\_

Monthly Total of Parent and Other Income: \_\_\_\_\_

Do you have a savings account? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

**\*\*Please admit this form with your student application.**

**\*\*Please use attached worksheet to figure your monthly expenses and monthly amount you can pay.**

Total amount that Parent(s) will pay each month: \_\_\_\_\_

Parent(s) additional comments or appeal (you may attach another sheet if needed): \_\_\_\_\_

We understand that:

- Failure to keep this account paid in accordance with the above agreement by the due date of each month automatically cancels the student aid unless special arrangements are made in writing and approved by the Principal or Treasurer.
- Signatures on this application give permission for the Student Aid Committee to review student transcripts and attendance records.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_