



# Foothills Adventist Elementary School

Application for Student Aid Assistance

(This application may go to your constituent church for review.)

## Purpose of the Program

It is our aim to help every young person to have an Adventist education. As the parent, student, school, church and conference join together; we can be faithful stewards of the funds available and assist students in obtaining a Christian education.

## Prerequisites for Student Aid Assistance

- The student and parents will demonstrate a cooperative spirit with the philosophy, goals and staff of Foothills.
- The student will demonstrate reasonable grade averages commensurate with his/her abilities.
- The parent is responsible for the entrance fee and agreed upon portion of the monthly tuition and will make payments according to school policy or make written arrangements with the school administration.
- **Parents and students will support school fundraisers which help build the scholarship fund.**

## FAMILY INFORMATION (Include information on all children.)

_____	_____	_____	_____
CHILD: First Name   Last Name	School	Age	Grade
_____	_____	_____	_____
CHILD: First Name   Last Name	School	Age	Grade
_____	_____	_____	_____
CHILD: First Name   Last Name	School	Age	Grade

I (We) will pay the entrance fees for the above	\$ _____
Total monthly tuition expense	\$ _____
<u>Church assistance</u> , etc.	\$ _____
I (We) will pay towards the monthly tuition	\$ _____
Total amount requested from the <u>School Scholarship</u> Fund(s)	\$ _____

The local "Church or School Finance Committee" will determine assistance on the basis of total family income and need. **Please attach copies of your previous year's income tax return, the IRS Form 1040**, an official family monthly budget, and any additional information that would be pertinent to your request.

_____	_____
Parent   Guardian Signature	Date

_____	_____	_____
Mailing Address	Street Address	City   State   Zip

_____	_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone	Pager	E-mail

NOTE: The information requested on this application will be held in strict confidence by the School and Church Finance Committee.

**FINANCIAL INFORMATION**

Father's Employer \_\_\_\_\_ Monthly Income\_\_\_\_\_

Occupation \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Monthly Income\_\_\_\_\_

Occupation \_\_\_\_\_

Student Income \_\_\_\_\_

Other Income \_\_\_\_\_

Total Income \$\_\_\_\_\_

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Finance Committee Action - \_\_\_\_\_ Date\_\_\_\_\_

Scholarship Aid Granted\_\_\_\_\_

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Monthly amount family is responsible for \$\_\_\_\_\_