



OHA Worthy Student Scholarship Application

Student's Name _____
(first) (middle) (last)

Father or Male Guardian Name _____
(first) (middle) (last)

Mother or Female Guardian Name _____
(first) (middle) (last)

Net Earnings: _____ Monthly _____ Weekly

Other income, if any \$ _____ Source of other income _____

Bank _____ Checking account # _____

Address _____ Savings _____ Loan _____

For Office Use Only

Date request received

Date Processed

Credit References

Name and Address: _____

Account No. _____

Balance _____ Monthly Payment _____

Name and Address: _____

Account No. _____

Balance _____ Monthly Payment _____

How many children are still considered as dependents for tax purposes? _____

How many of these children (including the one applying) are in Seventh-day Adventist schools:

_____ elementary (and non-boarding academy) _____ academy (boarding only) _____ college

Amount for tuition you will be able to pay each month _____

If there are circumstances that the scholarship committee should consider, please describe them briefly here:

Release:

Ouachita Hills Academy is authorized to investigate my/our credit record and to verify my/our employment and income references.

Signed _____ Date _____
(father or male guardian)

(mother or female guardian) _____ Date _____

(A copy of both pages of the 1040 form for the most recent tax year must be submitted for scholarship consideration. Please attach at this time or mail to the Registrar, Ouachita Hills Academy.)