

Union Springs Academy

P.O. Box 524, Union Springs, NY 13160 (315) 889-7314

2-Way / 3-Way Church Matching Scholarship Application for 2016-2017

2-Way/3-Way Plan Policy Certification and Agreement

1. Parents must complete the top portion of this application and return it with ample time for Union Springs Academy AND the local sponsoring church to take action.
2. Union Springs Academy will complete the eligibility portion of the application and submit it to the sponsoring church.
3. The church board must vote to approve the matching funds requested. The board may elect to vote more or less than the requested amount.*
4. Parents/Guardians are responsible for any balance remaining on their student's account after financial aid and other credits are applied and agree to promptly pay such balance.
5. Parents/Guardians agree to submit a copy of their previous year's 1040 tax return to the academy, showing the Adjusted Gross Income amount.
6. All signers agree that all information on this form is complete, correct, and agree to follow this policy as indicated.
7. Scholarship funds will not be considered on the financial contract until the application has been approved by the sponsoring church and received by Union Springs Academy.

Parents: Complete the top portion of this form and return to Union Springs Academy.

Student Name _____
Student Social Security _____ Date of Birth _____ Grade registering for _____
Parent Name _____ Home Phone _____
Parent Address _____
City, State, Zip Code _____
Parent/Guardian Signature _____ Date _____
Student Signature _____ Date _____

UNION SPRINGS ACADEMY USE ONLY - - - - -

The student listed above is eligible for \$ _____ of local church portion funds in a 2-Way / 3-Way scholarship.
USA Business Manager _____ Date _____

- - - - - **CHURCH USE ONLY** Please type or print in ink. - - - - -

Name of Sponsoring Church _____
Church Address _____
City _____ State _____ Zip Code _____
Contact person ** _____
Contact Address _____
City _____ State _____ Zip Code _____
Contact Phone (_____) _____ Email _____
The best time to call is _____ AM / PM Weekday _____ Weekends _____
The total amount of student aid voted is \$ _____ Date of vote _____

We, the undersigned, understand that the monies awarded by the church will not be made available to the student until they are received from the church and then they will be prorated on a monthly basis. Unused funds will be returned to the church if the student withdraws from school before the school year is finished.

Please **print and sign** your name on the lines below. All signatures are required.
Church Clerk _____
Church Treasurer _____
Church Pastor _____

* **Note:** Any church funds sent in excess of the maximum eligible amount will be applied directly to student account without matching funds. All help provided by the student's church is appreciated and is an investment in the future of our young people.

** This is the person at your church responsible for receiving monthly progress reports of funds received at Union Springs Academy for the student listed above and responsible for sending the local church scholarship funds to Union Springs Academy.