

Rolla Seventh-day Adventist Church School Worthy Student Aid Application

We are delighted that you are interested in sending - or continuing to send - your child to our Church School. We are well aware of the expense and sacrifices involved in this interest and are committed to helping as much as we possibly can. Our desire is that EVERY Seventh-day Adventist student in our area may enjoy the privilege of enrolling in our school.

However, the process for obtaining this help involves, among other things, the sharing of some very personal and private information on your part. At the same time, we're sure you understand that in order to be consistent and fair with each family's request, we need to know this information. We want you to know that all information given to us is confidential and will not be released to any other party, outside those involved in this financial process, unless specific permission is given.

General Policies:

1. The family must be a member and faithfully attending the Rolla Seventh-day Adventist Church on a regular weekly basis for at least one year.
2. The parents must be practicing Christian stewardship by systematically returning a faithful tithe to the Lord and supporting the church budget of the Rolla Seventh-day Adventist Church.
3. The student's grades must continue to be at average or above (consistent with his/her ability). This applies to academic, attendance, and citizenship grades.
4. The student and parents must consistently abide by the rules as outlined in the school handbook and maintain a positive and helpful attitude toward the total program both at the Rolla Church School and the Rolla Seventh-day Adventist Church.
5. An application for student aid must be submitted at the time of registration and will be subject to review. The Worthy Student Committee will meet in September and a decision will be made at that time who is approved.
6. Any amount owing for previous years must be taken care of, or have a plan in place, before the Worthy Student Aid Committee can consider the application.
7. All applicants must consent to basic information, financial and employment verification and agree to this by signing the Worthy Student Aid application.
8. Parent(s)/guardian(s) must be employed. (If physically able, and there are no preschoolers in the home.)
9. The funds **available** will be distributed to students based upon each family's needs and may be terminated at any time during the school year if the applicant/student fails to comply with the above requirements.

If you understand and accept the above policies and conditions for Worthy Student Aid, please sign and date the application and complete details required on the following pages.

_____ Date _____

_____ Date _____

Basic Information

Parent/Guardian _____ Home Phone _____

Address: _____ Social Security #: _____

_____ Birth date: _____

E-mail: _____ Occupation/Employer: _____

Cell phone: _____ Work Phone: _____

Married Widowed Separated Divorced Single

Church Membership: _____
(Location)

Parent/Guardian: _____ Home Phone: _____

Address: _____ Social Security #: _____

_____ Birth date: _____

Email: _____ Occupation/Employer: _____

Cell Phone: _____ Work Phone: _____

Married Widowed Separated Divorced Single

Church Membership: _____
(Location)

Students for whom aid is being applied:

Name _____ Telephone #: _____

Address: _____ Social Security #: _____

_____ Birth date: _____

Grade: _____ Last School Attended: _____
(Name & Location)

Church, School, or Community Related Activities _____

Please supply a copy of this student's most recent grades.

Name _____ Telephone #: _____

Address: _____ Social Security #: _____

_____ Birth date: _____

Grade: _____ Last School Attended: _____
(Name & Location)

Church, School, or Community Related Activities _____

Please supply a copy of this student's most recent grades.

Name _____ Telephone #: _____

Address: _____ Social Security #: _____

_____ Birth date: _____

Grade: _____ Last School Attended: _____
(Name & Location)

Church, School, or Community Related Activities _____

Please supply a copy of this student's most recent grades.

Name _____ Telephone #: _____

Address: _____ Social Security #: _____

_____ Birth date: _____

Grade: _____ Last School Attended: _____
(Name & Location)

Church, School, or Community Related Activities _____

Please supply a copy of this student's most recent grades.

****Note:* Applicants should have this application mailed by **July 1** to:

Linda White, School Treasurer
12360 Hummingbird Place
Rolla, Mo. 65401

Financial Policies and Information for Worthy Student Aid

10. Applicants are required to pay a certain percent of the tuition, to be determined by the student aid committee, based on their review of the applicant's financial situation.
11. Applicants agree that if their financial situation improves they will voluntarily discontinue this assistance as soon as possible.
12. It is understood that the designated financial assistance is to be given each month only after the applicants have paid their part of the tuition due.
13. Attachments required:
 - A. Copies of last two pay periods' check stubs from parents(s)/guardian or income verification if self-employed.
 - B. Copy of most recent Federal Income Tax Return as filed with the IRS, including all pages and schedules as sent to the IRS. *(If the Tax Return was not filed jointly, copies of both must be included.)*
 - C. List of non-taxable income/benefits, if applicable: Social Security, Aid to families with dependent children, child support, welfare, Worker's Compensation, etc.

Please answer the following questions and complete the remainder of the form relating to your monthly and annual income and expenses:

14. Do you own or rent your house? _____ Monthly mortgage payment or rent \$ _____

15. Do you own or lease your car? _____ Monthly car/lease payment \$ _____

What is the year/make/model of this car? _____

Year Make Model

16. Do you own or lease a 2nd car? _____ Monthly car/lease payment \$ _____

What is the year/make/model of this car? _____

Year Make Model

17. Do you own/lease any other cars? Yes () No () What is the monthly payment? \$ _____

Please list other significant items you may own or lease and their payment amounts under "Other" in the lines below.

18. Income and Expenses:

<i>Income</i>	<i>Monthly</i>	<i>Annual</i>	<i>Expenses</i>	<i>Monthly</i>	<i>Annual</i>
Applicant Salary			Church Tithe		
Spouse Salary			Church Budget		
Interest/Dividends			Taxes/Pay Deductions		
Student Wages			Food/Clothing		
Rental Income			Vehicle Payment		
Alimony			Vehicle Insurance		
Child Support			House Payment		
Donor Gift/Aid			House Insurance		
Employer Educ Asst			Insurance (life/health)		
Church Education Asst			Utilities (water, gas, etc.)		
Other:			Education		
Other:			Other:		
Other:			Other:		
TOTAL INCOME			TOTAL EXPENSES		

19. Because the Worthy Student Aid Committee reviews each application carefully, we need to be made aware of any special financial problems your family may be having (debts or expenses not normally incurred or insufficient income to cover normal expenses, death in the family, loss of employment, a divorce, or separation, etc). Please describe in the space below (kindly print):
(Use back of page if more space needed).

I (We) certify that all the information included on this form is true and complete to the best of my (our) knowledge and I (we) understand and accept the financial policies and requirements for student aid as listed above. I (we) also hereby release the SDA Church and all of its entities from all liability in connection with the information contained in this application.

Signature: _____ Date: _____

Signature: _____ Date: _____