



# *Johnson City Seventh-day Adventist Church*

## **Worthy Student Application**

**Application Date:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**The parent/guardian requesting financial aid is required to provide the following with this application.**

### **Parent/Guardian Information:**

Parent's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Time at current address: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Church Membership: \_\_\_\_\_

### **Previous address if length of time at current address is less than five years**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Contact Information:**

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### **Marital Status of Parents:**

\_\_\_\_\_ Married and living together

\_\_\_\_\_ Separated

\_\_\_\_\_ Divorced

\_\_\_\_\_ Widowed

\_\_\_\_\_ Remarried

If separated or divorced, give name, address and phone number of the parent not in the home.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Employment Information:**

Father:  
Occupation: \_\_\_\_\_

Mother:  
Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

**Income Information:**

Father:  
Gross Monthly Income: \_\_\_\_\_

Mother:  
Gross Monthly Income: \_\_\_\_\_

Other Monthly Income: \_\_\_\_\_

Other Monthly Income: \_\_\_\_\_

Total Monthly Income: \_\_\_\_\_

Total Monthly Income: \_\_\_\_\_

Yearly Gross Income: \_\_\_\_\_

Yearly Gross Income: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

**Dependent Information:**

Do you have other children attending SDA Schools? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the student's name (s) and schools below.

**School Information:**

**Name**

**Age**

**Grade**

1st Child: \_\_\_\_\_

2nd Child: \_\_\_\_\_

3rd Child: \_\_\_\_\_

4th Child: \_\_\_\_\_

5th Child: \_\_\_\_\_

**Reason for financial aid assistance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## General Authorization

I/We hereby authorize the Johnson City Seventh-day Adventist Church to verify my past and present employment and earnings records.

I/We further authorize the Johnson City Seventh-day Adventist Church to obtain any and all credit reports necessary to verify and confirm credit information. It is understood that a photocopy of this document shall also serve as an authorization to provide the information requested.

The information obtained is only to be used in the processing of my/our request for the award of the Worthy Student Fund scholarship.

Signature of Applicant	Date	Social Security Number
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Print Father's Name

Signature of Applicant	Date	Social Security Number
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Print Mother's Name

**Monthly Expenses:**

**Tuition**

**LSCA** \$ \_\_\_\_\_

**Food**

Groceries \$ \_\_\_\_\_

School \$ \_\_\_\_\_

Work \$ \_\_\_\_\_

Lunches \$ \_\_\_\_\_

**Utilities**

Electric/Gas \$ \_\_\_\_\_

Garbage \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_

**Family**

Child Support \$ \_\_\_\_\_

Alimony Expense \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Misc. \$ \_\_\_\_\_

**Insurance**

Auto Insurance \$ \_\_\_\_\_

Medical Insurance \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_

Renters Insurance \$ \_\_\_\_\_

**Entertainment/Recreation**

Video Rental

Cable TV

Etc... \$ \_\_\_\_\_

**Donations**

Tithe & Offerings \$ \_\_\_\_\_

**Mortgage** \$ \_\_\_\_\_

**Rent** \$ \_\_\_\_\_

**Total Living Expenses -----** \$ \_\_\_\_\_

**Objective:**

The objective of the committee is to see that students who demonstrate scholarship, commitment and financial need receive assistance in obtaining a Christian education at Living Springs Christian Academy.

**Application:**

The application form has been developed to provide the committee the necessary information to evaluate a Worthy Student Fund request. If the form is not complete (every blank completed), this application may be denied because of inadequate information. **The information you provide will be held in strictest confidence.**

**Policy Guidelines:**

1. All decisions of Worthy Student Committee are group decisions. No one person can award funds without subjecting the request to the democratic process.
2. Copy of your most current pay stub and W-2 form and/or Federal Income Tax Return (pages 1 & 2 only) is required.
3. The incompleteness of an application is sufficient grounds for denial.
4. Failure of the parents to meet their financial obligations at Living Springs Christian Academy may result in discontinuance of assistance.
5. Parent and student agree to adhere to the Christian’s standards and policy of Living Springs Christian Academy.
6. Application must be completed annually.

**Financial Aid Agreement:**

I have read and agree to the terms and condition of this application. Any changes in my/our personal finances status will be reported to the Worthy Student Fund committee. I further understand that the Worthy Student scholarship is dependent upon my son/daughter meeting the conditions of a worthy student. Should they fail to meet these conditions, the scholarship will be forfeited. I further understand that should I choose to withdraw my son/daughter from Living Springs Christian Academy before the end of the semester, the full amount of funds previously applied to my son’s/daughter’s account will be forfeited and billed to the account.

Father’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Father’s Name \_\_\_\_\_

Mother’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Mother’s Name \_\_\_\_\_