

Illinois Conference of Seventh-day Adventists Financial Assistance Application Boarding Academy Students

NAME OF ACADEMY _____
 Address _____ Sem 1 ___ Sem. 2 ___
 City, State _____ Year 201__ to 201__
 Phone # _____

DIRECTIONS: Please read the Application Guidelines for Annual Financial Aid to Students Attending Boarding Academies. Only applications that are complete will be considered. This application form, along with requested document(s), is to be returned to the Office of Education at the Conference no later than July 30.

STUDENT INFORMATION

Last Name	First Name	Middle Name
Home Address	Home Telephone	
City	State	Zip Code
Circle the grade the student will be entering 9 10 11 12		Date of Birth _____
Last School Attended _____		Years Attended _____

YEARLY FINANCIAL PLAN: Please fill out as completely as possible your plan to finance the tuition and fees for the coming school year. The total on your plan is to equal the total expense of tuition and fees for the coming/current year. Please contact the principal of the academy for any questions you may have.

YEARLY TOTAL TUITION & FEES	\$ _____
Student Employment	\$ _____
Approved Church Assistance	\$ _____
Parental Payments	\$ _____
Student Summer Earnings	\$ _____
Other (Please describe) _____	\$ _____
Total	\$ _____

Please indicate any special circumstances that should be considered during the review of this application.

FAMILY/GUARANTOR INFORMATION

Name of Parents/Guardians/Guarantors

Home Address (Skip if same as student's) Home Telephone

City State Zip Code

Employer Occupation Years on the Job

Address of Employer Work Telephone

Denomination of Church Memberships Church Membership Location

Dependent Children Attending _____ Academy

Name of Child	Age	Grade	Total Tuition/Fees
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Dependent Children not Attending _____ Academy

Name of Child	Age	Grade	Total Tuition/Fees
1. _____	_____	_____	_____
2. _____	_____	_____	_____

I hereby certify the information given is true to the best of my knowledge.

I/We agree to the terms outlined for this program including:

1. The scholarship criteria
2. My child(ren) doing student labor at the school if/when work is available.
3. Payment of any outstanding school account from a previous year.
4. Payment according to the terms of the financial contract.

Parent -Mother/Guarantor _____ Date _____

Parent-Father/Guarantor _____ Date _____

Student Signature _____ Church Clerk's Signature _____

Principal must verify the following: Student grade _____ Semester enrolled _____

Principal's Signature _____ Date _____

Provide a signed copy of your previous years' Federal Income Tax 1040 Returns. If married filing separately, provide both parents' 1040 Returns for the previous year.

Requested Documents

Send the following in one packet to the Office of Education, Illinois Conference of Seventh-day Adventists, 619 Plainfield Road, Willowbrook, IL 60627:

- ✓ Completed application
- ✓ Copy of most recent grade report
- ✓ Verification of enrollment for the semester fund are requested
- ✓ Parents signed 1040 for Previous Year. If married, but filed separately, please provide Both parents 1040 for previous tax year. (Tax documents are shredded after processing)

Funding Distribution by Income

Salary Range	Funding per semester	Funding Per Year
\$0 - 20,000	\$750	\$1,500
\$20,001-\$30,000	\$700	\$1,400
\$30,001-\$40,000	\$650	\$1,300
\$40,001 -\$50,000	\$600	\$1,200
\$50,001-\$60,000	\$550	\$1,100
\$60,001+	\$450	\$900