

Tri-City Adventist School

Student Aid Application

Please complete this form and return to the school office as quickly as possible.

Date of Application: _____

Philosophy

“Train up a child in the way he should go; and when he is old, he will not depart from it.” Proverbs 22:5
KJV

Student Aid is intended to serve as a bridge between parent ability to contribute to the tuition expenses and the actual tuition total for their student(s) in school. This aid is available to TCAS students where the family has demonstrated a need and all other available options for assistance have been pursued. Since these funds are limited they will be disbursed on a first come first served basis where the need has been established.

Policy for Student Assistance

Since student aid is based on parental and student responsibility, failure by parents/students to keep school accounts current may result in revocation of aid.
Students must be in good standing attending TCAS.
Parents will be asked to provide documentation of their financial situation.
Student Aid will not be applied to old accounts.

Supporting Information

Please state briefly why Student Assistance is needed at this time, including any unusual circumstances:

Tri-City Adventist School/Student Aid Application

The information requested on this form will be used by the Student Aid Committee as it considers your request for assistance.
This information will remain in strict confidence.

<u>Father's Information</u>	
Name _____	Phone # _____
Address _____	Occupation _____
Employer _____	Marital Status _____

<u>Mother's Information</u>	
Name _____	Phone # _____
Address _____	Occupation _____
Employer _____	Marital Status _____

Students for who you are requesting Aid:

		A	B	C	D	
Student Name	Grade	Tuition & Fees per Year	Amount parents can pay per Year	Additional help per Year	Total Resources (B+C)	Total Need (A-D)

Other children/dependents living at home, at another school, or supported by you.

Name _____ Age _____ School _____ Grade _____ Billing Amt. _____

Name _____ Age _____ School _____ Grade _____ Billing Amt. _____

Name _____ Age _____ School _____ Grade _____ Billing Amt. _____

Monthly Income (Please provide IRS Form 1040)

Wages before Taxes _____

Child Support _____

State Assistance _____

Other Income _____

TOTAL MONTHLY INCOME _____

I agree to do my part in the above plan and put forth my best efforts to uphold the standards of the Seventh-day Adventist Church and Schools. I understand that in order to receive aid I must do my best in my school work and in setting an honorable Christian example. As the parent I do agree that this information is true and accurate.

STUDENT'S SIGNATURE

PARENT'S SIGNATURE