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

| NAME OF ACADI | EMY | |
|---|---|---|
| A 11 | | |
| City, State | Year 202_ to 202_ | |
| Phone # | | |
| Boarding Academies. On | ase read the Application Guidelines for Annu ly applications that are complete will be cons s to be returned to the Office of Education at | sidered. This application form, along with |
| STUDENT INFORM | ATION | |
| Last Name | First Name | Middle Name |
| Home Address | | Home Telephone |
| City | State | Zip Code |
| Circle the grade the stu | ident will be entering 9 10 11 12 | Date of Birth |
| Last School Attended_ | | Years Attended |
| finance the tuition and the total expense of the principal of the acade | IAL PLAN: Please fill out as completed fees for the coming school year. The uition and fees for the coming/current fermy for any questions you may have DTAL TUITION & FEES | he total on your plan is to equal at year. Please contact the |
| | | <u> </u> |
| Student Empl | oyment | \$ |
| Approved Ch | urch Assistance | \$ |
| Parental Payr | nents | \$ |
| Student Sum Other (Please | mer Earnings describe) | \$ |
| | Tata | I S |

| Please indicate any special this application. | circumstances th | at shou | ıld be co | nsidered during the review of |
|---|------------------|---------|-----------|-------------------------------|
| | | | | |
| FAMILY/GUARANTOR IN | | | _ | |
| Name of Parents/Guardians/G | Guarantors | | | |
| Home Address (Skip if same | as student's) | | _ | Home Telephone |
| City | State | | _ | Zip Code |
| Employer | Occup | ation | _ | Years on the Job |
| Address of Employer | | | _ | Work Telephone |
| Denomination of Church Mer | nberships | | | Church Membership Location |
| Dependent Children Atter | nding | | | Academy |
| Name of Child 1. | | Age | Grade | Total Tuition/Fees |
| 2 | | | | |
| Dependent Children not A | Attending | | | Academy |
| Name of Child 1 | | Age | Grade | Total Tuition/Fees |
| 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 year's 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
- ✓ 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

| Funding per semester | Funding Per Year |
|----------------------|--------------------------------------|
| \$1,050 | \$2,100 |
| \$1,000 | \$2,000 |
| \$950 | \$1,900 |
| \$900 | \$1,800 |
| \$850 | \$1,700 |
| | \$1,050 \$1,000 \$950 \$900 |