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

NAME OF ACADEN	MY	
	Sem 1Sem. 2	
City, State	Year 201 to 201	
Phone #		
Boarding Academies. On	ase read the Application Guidelines for Annually applications that are complete will be cons(s), is to be returned to the Office of Education	idered. This application form, along
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 an the total expense of t 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 emy for any questions you may have. DTAL TUITION & FEES	ne total on your plan is to equal t year. Please contact the
G. 1 . F. 1		
Student Empl	oyment	\$
Approved Ch	urch Assistance	\$
Parental Payn	nents	\$
Student Sumr	•	\$
Other (Please	describe)	\$
	Total	\$

Please indicate any special this application.	circumstances tha	t shou	ıld be co	nsidered during the review of
	TODM ATION			
Name of Parents/Guardians/G			_	
Home Address (Skip if same	as student's)		_	Home Telephone
City	State		_	Zip Code
Employer	Occupat	ion	_	Years on the Job
Address of Employer			_	Work Telephone
Denomination of Church Men	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				
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