

Great Lakes Adventist Academy  
**FINANCIAL AID SCHOLARSHIP APPLICATION**

Name:	Birthdate:	Age:
Address:	City:	Zip:
Home Church:	Home Phone:	
School Last Attended:		
Circle Average Grades:      A      B      C      D      F		
Will Student Work During This Summer:    ___ Yes    ___ No		
Estimated Summer Earnings That Will Apply to Account:		
Describe Discipline Student has Received in Most Recent School Year:		
Describe Why This Scholarship is Requested:		
Estimated Amount You Can Pay Per Month: \$	Amount Requesting: \$	
Father's Name:	Mother's Name:	
Father's Home Church:	Mother's Home Church:	
Parents Marital Status:    ___ Married    ___ Divorced    ___ Separated    ___ Spouse Deceased		
Parents Monthly Pay After Taxes:  (Note: A copy of the most recent 1040 Tax Return must be submitted for each working parent.)		
Father's Work Phone:	Mother's Work Phone:	
Please List Two (2) Non-Relative References:		
1. Name:	Work Phone:	
2. Name:	Work Phone:	

(Parent Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

## **SELECTION CRITERIA**

1. Parents who are struggling financially even after careful financial management.
2. Students who work as much as possible during the summer and school year.
3. Students who have performed to their capabilities academically.
4. Students who have modeled respect for authority, their peers, themselves and property.

**APPLICATIONS ARE DUE  
TO THE BUSINESS OFFICE  
BY AUGUST 1.**