

**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
Last School Attended _____	Years Attended _____	
Date of Birth _____		

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 Payment	\$ _____
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 Father/Guardian/Guarantor

Social Security Number

Home Address

Home Telephone

City

State

Zip Code

Employer

Occupation

Years on the Job

Address of Employer

Work Telephone

Denomination of Church Membership

Church Membership Location

Name of Mother/Guardian/Guarantor

Social Security Number

Home Address

Home Telephone

City

State

Zip Code

Employer

Occupation

Years on the Job

Address of Employer

Work Telephone

Denomination of Church Membership _____ Church Where Membership is Located _____

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. _____	_____	_____	_____

FINANCIAL INFORMATION: Please complete this section carefully and completely.

Father/Guarantor Monthly Income _____ Mother/ Guarantor Monthly Income _____

Additional Income (if any) _____ Source _____

Provide a copy of your previous year's Federal Income Tax 1040 Returns

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/Guarantor Date

Parent/Guarantor Date

Student Signature Date

Principal's Signature Date

Church Clerk Date

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.
- ✓ Copy of Parent(s) Federal 1040 Federal Tax Return Statement