



## Church School Financial Assistance Program



**Application for** \_\_\_\_\_, who attends \_\_\_\_\_ Church.  
HVCA Student's Name SDA Church Name

All HVCA students attending one of the constituent Seventh-day Adventist Churches, and who qualify, are eligible for financial assistance depending on the availability of **church funds**. This money will be paid on behalf of the student directly to HVCA each month for 10 months or on another scheduled arrangement made with the church.

Full Year's Tuition \$ \_\_\_\_\_ Able to Pay \$ \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

<b><u>Please check "Yes" or "No" for each of the following statements:</u></b>	<b>YES</b>	<b>No</b>
1. The student's <u>*family member</u> is active in the church.	<input type="checkbox"/>	<input type="checkbox"/>
2. The student's <u>family member</u> has membership at the above mentioned church.	<input type="checkbox"/>	<input type="checkbox"/>
3. The student's <u>family member</u> attends church regularly and participates in church functions/ministries (Pathfinders, worship, Sabbath School, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
4. The student's <u>family member</u> supports the gospel with his/her tithes and offerings (church budget).	<input type="checkbox"/>	<input type="checkbox"/>
5. The student's <u>family member</u> has completed the FACTS GRANT & AID Assessment.	<input type="checkbox"/>	<input type="checkbox"/>

\*family member = mom, dad, guardian, or grandparents

If you answered "**No**" to any of the above please attach another sheet with an explanation.

**Maintaining:**

1. The student must maintain an overall GPA of **3.0** or higher. (Attach an explanation if lower than 3.0.)
2. The student must participate in school functions.
3. The student must adhere to school behavioral standards as outlined in the School Handbooks.
4. The parents/guardians must attend school functions and join the Home and School Association.

I have read and understand this scholarship program and promise to do my best at HVCA.

Student's Signature: (5<sup>th</sup> Grade and up) \_\_\_\_\_ **Date:** \_\_\_\_\_

I have read and understand this scholarship program. I promise to support my student(s) at HVCA. I hereby authorize HVCA to release my financial information to the church, if necessary.

Parent or Guardian's Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

Any issue involving grades, behavior or involvement in school functions will be communicated to family. Once approved and all signatures are obtained the family will be given a copy.

**For OFFICE use only.** **Do not write below this line.**

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**Church AWARD \$ \_\_\_\_\_ /month** **In agreement by:**

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Principal | <input type="checkbox"/> Church Treasurer | <input type="checkbox"/> Church Pastor/Elder |
|------------------------------------|---|--|

Initial & Date	Initial & Date	Initial & Date
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