

Walla Walla University Seventh-day Adventist Church

Student Aid Application

The information requested on this form will be used by the Student Aid Committee as it considers your request for assistance. This information will remain in strict confidence.

Prerequisites for Assistance

1. Parent(s) and child(ren) are to be attending members of the University Church.
2. The portion of school accounts not paid for by student aid must be kept current.
3. Students are to conform to school standards.
4. Academy students are expected to work and contribute to the payment of their school bill.

Family Information

	Mother		Father
Name	_____		Name _____
Address	_____		Address _____
E-mail address	_____		E-mail address _____
Home phone	_____		Home phone _____
Cell phone	_____		Cell phone _____
Work phone	_____		Work phone _____
Employer	_____		Employer _____
Occupation	_____		Occupation _____

Marital Status of Parent Completing this Application

Single
 Married
 Divorced
 Widowed
 Separated

Tuition Needs Summary

Please list the following information for each student for whom you are requesting aid.

		Column A	Column B	Column C	Column D	Column E	Column F
Student's Name	Grade	Tuition & fees per year	Amount Parent(s) can pay per year	Amount student can pay per year	Tuition assistance from family or others per year	Total resources (B+C+D)	Total need (Subtract the figure in column E from the figure in column A

Please List other Children or Dependents whom you Support Financially

Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____

Monthly Income

Wages (after taxes, Labor and Industry and Social Security deductions) _____
Child Support _____
State Assistance _____
Other (please explain) _____
Total monthly income _____

Current Assets

Cash, savings, & checking accounts
Vehicles (How many? ____)
Home(s) (Renters, write 0)
Other real estate & investments
Business and/or farm
All other assets

Current Value

Amount still Owed

Monthly Expenses

Tithe & offerings \$ _____
Savings \$ _____
Rent or house pmt. \$ _____
Clothing \$ _____
Food \$ _____
School bills \$ _____
 Student name _____
 School _____
Telephone(s) \$ _____
Utilities \$ _____
Transportation \$ _____
 Include bus fare, car payment,
 insurance, gasoline, repairs, etc.
Child care \$ _____
Child support \$ _____
Credit cards \$ _____
Other insurance \$ _____
Internet \$ _____
Cable TV _____
Other entertainment \$ _____
Other (please explain) \$ _____

Outstanding Debts

Car loan \$ _____
Credit Cards \$ _____
Legal fees \$ _____
Medical bills \$ _____
School loans \$ _____
 Student name _____
 School _____
Other (please explain) \$ _____

Major purchases or unexpected expenses

(during the past year)
Appliances \$ _____
Car \$ _____
Boat \$ _____
Furniture \$ _____
Computer \$ _____
Audio/Visual
 Entertainments \$ _____
Vacations \$ _____
Hobbies \$ _____
Other (please explain) \$ _____

Is there anything else the committee should know as
your request is considered? _____

Total monthly expenses \$ _____

Certification

The information on this form is true and complete to the best of my knowledge. I am willing to provide additional information if needed.

Applicant's name and relationship to student(s) _____

Are you a member of the Walla Walla University Church Yes ___ No

Address (if not already given) _____

Phone (if not already given) _____

Applicant's signature _____ Date _____

Please attach to this application a copy of your most recent tax form. Thank you.