

*Please read the *Guidelines carefully*



City Church

of Seventh-day Adventists

STUDENT AID
STATEMENT, APPLICATION
and
*GUIDELINES

*Applications must be
in the Church Office
As Soon As Possible!
(Preferably by August 4)*

Reaching Out . . . Because We Care!



City Church Christian Education MISSION STATEMENT

Christian Education is a very important factor in giving our children the extra emphasis it takes to cope with this uncertain world.

Within our Church Family, there are those that are having financial stresses, and need help with Christian Education financing.

We pray that God will be reflected in the decisions that are made in the allocating of funds.

*Please read all of these documents carefully and **KEEP** the “Guidelines” page for future reference.*

Reaching Out . . . Because We Care!

Guidelines for Allocating Student Aid Funds

Updated 06-10-2009

APPLICANT FAMILY'S RESPONSIBILITIES

1. The applicant family must be a member of the Walla Walla City Church of Seventh-day Adventists, and live in the Walla Walla Valley or surrounding area.
2. The applicant family is encouraged to return tithes and offerings to the City Church. God promises, "...see if I will not throw open the floodgates of heaven and pour out so much blessing that you will not have room enough for it." (MALACHI 3:10, NIV)
3. The applicant family and student recipients should regularly attend Sabbath School and Church at City Church.
4. The applicant family is encouraged to participate in the Ministries of City Church by giving of their time and spiritual gifts.
5. The applicant family will be scheduled for an appointment with the Student Aid Committee to ascertain the need for help.
6. **APPLICATIONS** will be available by the first Sabbath of June, and must be completed and filed in the Church Office by August 15 of the current year. **Completed applications MUST include a copy of the most recent IRS 1040 forms.**
7. **PARTICIPATING SCHOOLS:** Schools receiving funds, Kindergarten through 12TH grades must be a Walla Walla Valley Adventist Elementary School (Rogers or Stateline), Walla Walla Valley Academy, or Upper Columbia Academy.
8. **AMOUNTS GIVEN TO APPLICANTS:** After looking at the facts and need of the family, the Committee can grant the following amounts per student, per month, if all criteria is met:

| | | |
|------------|--------------|---|
| (Examples) | Kindergarten | \$55.00 |
| | Grades 1-8 | \$80.00 |
| | Academy | \$50.00 + UCC \$50.00 + Academy \$50.00 |

(UCC and Academy grants are the same as last year)
9. Each grant is subject to re-evaluation.
10. The applicant family is expected to keep current with their part of the education costs at the school where their child is attending.
11. The student should be willing to meet their scholastic commitments and maintain good disciplinary standards.
12. The applicant family authorizes City Church to receive updates on information concerning grades and conduct of the student.
13. Academy Students are encouraged to work and pay on their school bill.
14. We encourage the student and parent to volunteer their services to the Church and School in appreciation for financial assistance.
15. Applicants are encouraged to work with the financial officers of the schools involved because there are sources of funding available to supplement their account.

*The City Church Student Aid Committee encourages all who need extra funds ...
"Please contact us, your children are our responsibility, too!"*



STUDENT AID APPLICATION

Information on this form will only be used by the Education Committee as it considers your request for Student Aid — it will remain in strict confidence.

509-525-9540

FATHER'S INFORMATION

Name _____ Res. Phone _____
 Address _____ Occupation _____
 Employer _____ Work Phone _____ Marital Status _____

MOTHER'S INFORMATION

Name _____ Res. Phone _____
 Address _____ Occupation _____
 Employer _____ Work Phone _____ Marital Status _____

STUDENTS FOR STUDENT AID

| Student's Name | Birthdate | School | Grade | A | B | C | D | E | F |
|----------------|-----------|--------|-------|-----------------------|-------------------------------|-------------------------------|-------------------|--------------------------------|-------------------------|
| | | | | Tuition & Fees per/yr | Amount Parents can pay per/yr | Amount Student can pay per/yr | Other help per/yr | Total Resources (B+C+D) per/yr | Total Need (A-D) per/yr |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

OTHER CHILDREN AT HOME, AT ANOTHER SCHOOL, SUPPORTED BY YOU

Name _____ Age _____ School _____ Grade _____ Tuition/mo _____
 Name _____ Age _____ School _____ Grade _____ Tuition/mo _____
 Name _____ Age _____ School _____ Grade _____ Tuition/mo _____

MONTHLY INCOME

Wages Before Taxes _____
 Child Support _____
 State Assistance _____
 Rental Income/mo _____
 TOTAL MONTHLY INCOME _____

CURRENT ASSETS

Cash, Savings Checking Accounts _____
 Vehicles (How Many) _____
 Home(s) Owned _____ (If you rent write 0)
 Other Real Estate & Investments _____
 Business and/or Farm _____
 All other Assets _____

MONTHLY EXPENSES

Tithe/Offerings \$ _____
 Rent/House Pmt \$ _____
 Clothing \$ _____
 Food \$ _____
 School Bills \$ _____
 Telephone/Cell \$ _____
 Utilities \$ _____
 Car Payments \$ _____
 Car Insurance \$ _____
 Gasoline \$ _____
 Child Support \$ _____
 Credit Cards \$ _____
 Cable TV/Internet \$ _____
 Savings Deposit \$ _____
 Taxes \$ _____
 TOTAL \$ _____

OUTSTANDING DEBITS

Car Loan \$ _____
 Credit Cards \$ _____
 Legal Fees \$ _____
 Medical Bills \$ _____
 School Loans \$ _____
 School Debts \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 TOTAL \$ _____

PURCHASES OVER \$200 (last 2 years)

Appliances \$ _____
 Boat \$ _____
 Car \$ _____
 Furniture \$ _____
 Stereo Equip. \$ _____
 Vacations \$ _____
 VCR/DVD \$ _____
 Video Equip. \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 TOTAL _____

STUDENT: I agree to do my part in the above plan and put forth my best efforts to uphold the standards of the Seventh-day Adventist Church and School. I understand that to receive aid, I must do my best in my school work, labor programs, and in setting an honorable Christian example. **PARENT:** I affirm that the information above is true and accurate.

STUDENT'S SIGNATURE & DATE

PARENT'S SIGNATURE & DATE