

Milton Adventist Church
1244 N Elizabeth St
Milton-Freewater, OR 97862-0273

2010-2011
Student-Aid Application

**FOR YOUR APPLICATION TO BE CONSIDERED PROPERLY, PLEASE FILL IN ALL
BLANKS COMPLETELY AND RETURN TO A MEMBER OF THE STUDENT-AID
COMMITTEE OR THE CHURCH OFFICE AS SOON AS POSSIBLE.**

STUDENT-AID PHILOSOPHY:

The Milton Adventist Church has included in its financial planning, interest bearing funds to provide aid to parents who desire an Adventist Christian education for their children. When student-aid is granted, it is for enrollment in one of three Upper Columbia Conference schools that are subsidized by this congregation: Milton-Stateline Adventist School (MSAS), Walla Walla Valley Academy (WWVA), and Upper Columbia Academy (UCA). Members are also encouraged to give to these funds. This aid is predicated on the following beliefs:

1. The primary responsibility for raising and educating children resides with the parents. We find encouragement for this in 1 Timothy 5:8 and 1 Thessalonians 4:11, 12.
2. The secondary level of responsibility resides with the student; more so as the student approaches maturity.

PREREQUISITES FOR FINANCIAL ASSISTANCE:

1. Parents / guardians should be attending members of the Milton Adventist Church for at least 4 months unless they have only recently moved into the Walla Walla Valley area, just prior to application.
2. Parents / guardians must have demonstrated active support of the Milton Adventist Church.
3. Children desiring to attend one of the three Adventist schools listed (MSS, WWVA, UCA) should be active in the Milton Adventist Church Sabbath School.
4. Parents / guardians must provide documentation of their financial situation.
5. Student-aid is based on parental responsibility in keeping their portion of the school account current.
6. Students receiving student-aid must maintain good scholastic and citizenship standing at the school: i.e. neither on disciplinary suspension nor on scholastic probation.
7. Parents who receive educational benefits from employment with another Adventist institution/organization will receive a lower priority for Milton Church student-aid.
8. Student-aid is for the current school year; it is not retroactive.
9. Decisions on financial assistance are ordinarily made during July and August for the upcoming school year and commitments are made to parents based on available and projected monies in the Student-aid Account.
10. Application for student-aid also authorizes the Milton-Stateline School to release, to the Milton Adventist Church, the academic and financial standing of the student(s) to be assisted.
11. Exceptions to the above prerequisites will be considered only on a case by case basis.

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STUDENT-AID APPLICATION FORM

Date: _____ For School Year: _____
Name of School: _____

Student Name: _____ Birth date: _____ Age: ____ Grade: ____
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Student Name: _____ Birth date: _____ Age: ____ Grade: ____

PARENT(S) OR LEGAL GUARDIAN:

Name: _____ Address: _____
Phones: wk- _____ hm- _____
Employer: _____ Church Membership: _____
Name: _____ Address: _____
Phones: wk- _____ hm- _____
Employer: _____ Church Membership: _____

Marital status: _____

Do you have an unpaid school account? Yes / No If "Yes", where? _____

Income reported on last year's IRS Form(s) 1040 and attached to this application: _____

Amount of your income you will be investing in your children's education: Monthly _____
Yearly _____

Will you be receiving financial aid from any other Adventist organization/institution? Yes / No

Will any other family member be funding tuition expenses? Yes / No Name: _____

Have you attached a copy of last year's IRS Form 1040? (required for consideration.) Yes / No

Amount of financial assistance for which you are applying: _____

In requesting financial aid, I (we) assume responsibility for my (our) portion of the bill defined by the school. I (we) certify that the above statements are true and correct to the best of my (our) knowledge.

Parent(s) / Guardian Signature(s) Date

I (we) will do my (our) best to be a good citizen(s) and student(s) of my (our) school.

Student(s) Signature(s) Date

Office and Committee Worksheet

Family Name: _____

Date received: _____ Received by: _____

Parents' / Guardian's 1040 form received.

◆ Number of exemptions from line 6d, Form 1040: _____

◆ Amount from Line 33, Form 1040: _____

Date considered by Student-Aid Committee: _____

Recommendation: YES / NO Amount _____

Date reviewed by Admin Council / Board: _____

Parents / Guardians keeping their portion of the school bill current:

- | | | |
|------------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> September | <input type="checkbox"/> December | <input type="checkbox"/> March |
| <input type="checkbox"/> October | <input type="checkbox"/> January | <input type="checkbox"/> April |
| <input type="checkbox"/> November | <input type="checkbox"/> February | <input type="checkbox"/> May |