

# COLLEGE PLACE VILLAGE SEVENTH-DAY ADVENTIST CHURCH (SDA)

## STUDENT AID APPLICATION FORM FOR 2016 – 2017 SCHOOL YEAR

PLEASE FILL IN ALL INFORMATION COMPLETELY. RETURN TO VILLAGE CHURCH OFFICE  
NO LATER THAN JULY 20, 2016, TO RECEIVE AN ANSWER BEFORE SCHOOL STARTS.

DATE OF APPLICATION: \_\_\_\_\_

### VILLAGE CHURCH STUDENT AID PHILOSOPHY

We believe the responsibility for rearing and educating children remains the primary responsibility of the parents. The secondary level of responsibility resides with the student, more so as the student approaches maturity.

*“Train up a child in the way he should go: and when he is old, he will not depart from it. Proverbs 22:6 KJV  
But if anyone does not provide for His own, and especially for those of his household, he has denied the faith and is worse than an unbeliever. 1 Timothy 5:8 NKJV  
... study to be quiet, and to do your own business, and to work with your own hands... that ye may have lack of nothing.”  
1 Thessalonians 4:11,12 KJV*

The Village Church believes it has a responsibility, in addition to the parents and students, to see that all our children who desire a Seventh-day Adventist Christian education should receive it within our financial ability to assist. Therefore, included in our budget is money set aside for this purpose. Also, a portion of the sales from The Center are dedicated for Student Aid. These funds are administered within the guidelines set out below.

### GUIDELINES FOR STUDENT ASSISTANCE

Parents/guardians and/or students must be members of the Village Church for a minimum of 4 months prior to the application deadline, July 20, 2016, remaining so while receiving aid.

1. Parents/guardians and/or students must be CURRENT (2016 – TITHE AND OFFERINGS) donors of record (treasurer's records), continuing while receiving aid. Study Malachi 3:8-11 and let God *"pour out for you such blessing that there will not be room enough to receive it."*
2. You are encouraged to regularly attend Village Sabbath School & Church services. You will be blessed and be an encouragement to others. Many Village members are sacrificing their time and money to assist your children to receive an Adventist Christian education. Your willingness to give of your time, talents and money to help in one of the many ministries of Village Church would be appreciated.
3. Since student aid is based on parental and student responsibility, failure by parents/students to keep school accounts current may result in revocation of aid.
4. Students must be in good and regular standing while attending a qualified school run by the Seventh-day Adventist Church. *"Study to shew thyself approved unto God, a workman that needeth not to be ashamed, rightly dividing the word of truth". 2 Timothy 2:15 KJV*
5. Parents who receive educational benefits from the SDA Church are not eligible for Village Church aid.
6. Student aid may not be retroactive and decisions are usually made before the beginning of each semester.
7. You agree that the Student Aid Committee may receive a copy of your student's monthly bill.
8. ALL awards are subject to review at midterm and may not be renewed 1) if guidelines above are not met; and 2) if there are no funds available.

<b><u>FATHER</u></b>		<b><u>MOTHER</u></b>	
Name:		Name:	
Address:		Address:	
Cell #:	Work #	Cell #:	Work #
Email:		Email:	
Employer:		Employer:	
ATTENDING member of Village Church?      Yes    No		ATTENDING member of Village Church?      Yes    No	
<b><u>Marital Status (Father) :</u></b> Married ___    Divorced ___ Remarried ___    Separated ___    Widowed ___    Single ___		<b><u>Marital Status (Mother) :</u></b> Married ___    Divorced ___ Remarried ___    Separated ___    Widowed ___    Single ___	

## STUDENT INFORMATION

STUDENT:		M / F	Age ____	DOB ____ / ____ / ____
School:				Grade
Monthly Payment Amt:	By PARENT \$_____	By STUDENT \$_____	OTHER \$_____	

STUDENT:		M / F	Age ____	DOB ____ / ____ / ____
School:				Grade
Monthly Payment Amt:	By PARENT \$_____	By STUDENT \$_____	OTHER \$_____	

STUDENT:		M / F	Age ____	DOB ____ / ____ / ____
School:				Grade
Monthly Payment Amt:	By PARENT \$_____	By STUDENT \$_____	OTHER \$_____	

OTHER dependents living at home, attending another school, or supported by your household?	
Name:	Age
Name:	Age
Name:	Age

## STUDENT COMMITMENT

**GRADE SCHOOL:** I will uphold the standards of the church and school.

Student signature \_\_\_\_\_ Student Signature \_\_\_\_\_

Student signature \_\_\_\_\_

**WWVA and UCA:** I will uphold the standards of the church and school and agree to obtain work if possible as my age permits. If approved for aid, I will also be eligible to receive additional scholarship funds up to \$150/month if I work and put the money on my school account. I will bring my check into the school business office for off-campus work and indicate the amount I want credited to my account.

Student signature \_\_\_\_\_

Student signature \_\_\_\_\_

If you have an account at another school: Where? \_\_\_\_\_ How much? \$ \_\_\_\_\_

I/We certify that the information on this form is true and complete to the best of my/our knowledge. I/We certify that we meet the prerequisites for student assistance and agree to keep current our share of the school account. We understand a copy of the school's statements will be sent to the Student Aid Committee.

PARENTS/GUARDIANS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENTS/GUARDIANS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL COMMENTS:

**FINANCIAL INFORMATION**

THE FOLLOWING INFORMATION WILL REMAIN IN STRICT CONFIDENCE AS THE COMMITTEE REVIEWS YOUR REQUEST FOR ASSISTANCE.

**GENERAL INCOME GUIDELINES:**

- 1 Child - Income up to \$40,000
- 2 Children - Income up to \$45,000
- 3 Children - Income up to \$50,000

**Please attach a copy of your 2015 (first 2 pages) IRS Form 1040 Income Tax Return; OR if your income comes from disability or other means of income, include a copy documenting your 2015 yearly income. These forms must be included with your application before your application will be considered for Village Church student aid.**

**\*\*\* RETAIN A COPY FOR YOUR RECORDS \*\*\***

◆—————◆  
**Does your income exceed the above guidelines?**

Please follow instructions on the next page to be considered for aid.

If you still feel in need of student aid, please include with your application:

- 1) A letter explaining extenuating circumstances regarding what has changed about your financial situation, **AND**
- 2) Fill out the following financial information:

## MONTHLY BUDGET

### Net Monthly Household Income Is \$ \_\_\_\_\_

<b>HOUSEHOLD EXPENSES</b>	Mortgage <input type="checkbox"/> Rent <input type="checkbox"/>	
	Electricity/Utilities	
	Gas	
	Water/Sewer	
	Telephone	
Assessed Value of Home \$ _____		
<b>GENERAL LIVING EXPENSES</b>	Groceries	
	Entertainment	
	Television/Cable	
	Day/Afterschool Care	
	Health Insurance	
<b>TRANSPORTATION</b>	Car Payment 1	
	Car Payment 2	
	Fuel	
	Car Insurance	
<b>DEBTS/CREDITORS</b>	Credit Cards (major) 1	
	Credit Cards (major) 2	
	Credit Cards (major) 3	
	Department Cards	
	Department Cards 2	
	Student Loan Pmt	
<b>ASSETS INQUIRY</b>	Cash on Hand	
	Bal Checking Account	
	Bal Savings Account	
<b>VEHICLE FINANCING</b>	Vehicle 1 — Make / Model / Year	
	Worth (Value) ?	
	Amount Outstanding?	
	Vehicle 2 — Make / Model / Year	
	Worth (Value) ?	
	Amount Outstanding?	
<b>ANY REAL ESTATE INVESTMENTS?</b>	List any real estate holdings 1) 2) 3)	
<b>PURCHASES OVER \$200 WITHIN 24 MONTHS</b>	List purchases 1) 2) 3)	
<b>INSURANCE INVESTMENTS</b>	Health	
	Life	
<b>ANIMALS:</b>	Domestic Farm	