

STANDARD TUITION ASSISTANCE		REQUEST DATE	
PARENT/GUARDIAN'S INFORMATION			
FIRST NAME	LAST NAME		
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	EMAIL ADDRESS		
ASSISTANCE REQUESTED FOR:			
FIRST NAME	GRADE	SCHOOL	
SCHOOL ADDRESS	CITY	STATE	ZIP
FIRST NAME	GRADE	SCHOOL	
SCHOOL ADDRESS	CITY	STATE	ZIP
AGREEMENT			
<p><b>ATTENTION:</b> The finance committee reviews standard tuition assistance applications in November. Requests submitted after November, have a lower chance of being granted. The Village Church standard tuition assistance covers \$1100/year per child at any SDA, K-12 institution. Applications submitted in the middle of the school year will be prorated at \$110 for each full month remaining in that school year. This application must be submitted to the church office (mark the envelope: ATTN Treasurer)</p> <ol style="list-style-type: none"> <li>1. I am an active member of the Village Seventh-day Adventist Church</li> <li>2. The information provided above is correct to the best of my knowledge</li> <li>3. I agree to support the Village Church Adventist school aid program</li> <li>4. I agree to assist our child(ren) in meeting school attendance requirements</li> <li>5. I understand that student aid will be continued during this school year only, as long as my child(ren) maintains a cooperative attitude and displays satisfactory scholastic progress.</li> <li>6. I agree to allow the school to release information regarding the progress of the above student(s) to the Village Church Finance Committee</li> <li>7. I understand that failure in my part to meet our share of the school bill may result in the aid no longer be granted</li> </ol>			
_____ Signature of parent/guardian			_____ Date
OFFICE USE ONLY			
APPROVED (Finance committee chair)	DATE	AMOUNT GRANTED	