March 25, 2020

Ooltewah Seventh-day Adventist Church 9209 Amos Rd, Ooltewah, TN 37363 (423) 238-4619

Dear Ooltewah Church family,

The APPLICATION FOR STUDENT AID form is your opportunity to convey sensitive information to help the committee reach balanced decisions. The adjusted gross income from the required tax form puts everyone on the same plane initially. However, there are frequently special circumstances to consider. Complete understanding of your family's unique situation is highly-valued. After carefully considering your budget, please remember to specify a dollar amount for "Parent Contribution" and for "Student Aid Request." This year, the Corona virus has and will continue to affect everyone to varying degrees. Sharing your family's account of economic impact from the pandemic and any other significant life circumstance will enable the committee to better meet your needs.

Praying for you as you fill out the form and return the required documents. It is a blessing to partner with you in affording this high-quality Christian education opportunity.

If you decide to apply on hard copy, you may return the application to the church office. The information packet will be forwarded to me. You may also email the information directly to me at earlsigsworth@gmail.com.

Earl Sigsworth
Student Assistance Chair
Ooltewah SDA Church

Ooltewah Seventh-day Adventist Church 9209 Amos Rd, Ooltewah, TN 37363 (423) 238-4619

## **Student Assistance Guidelines:**

allocated.	They are as follows:
	Parents or legal guardians of children for whom assistance is requested must have been members of the Ooltewah Seventh-day Adventist Church for at least six months prior to the request. (Exceptions may be considered by the committee.) It should be understood that both parents, or both guardians, are to be members of the Ooltewah Church, unless there are approved extenuating circumstances.
	Those requesting assistance must be in regular attendance at the Ooltewah Church. Regular attendance is defined as present for Sabbath worship services at least half of the time.
	Applicants are expected to be faithful in returning tithe and offerings to the church, as verifiable in the church treasurer's records. Understand that no dollar amount is stated, but rather that there be systematic giving.
	You must properly complete the enclosed financial statement and <u>attach a complete copy of your previous year's federal tax return</u> . The committee cannot consider your request for assistant without these forms. You may be sure that this information will be held strictly confidential.
	As a stipulation to receiving student assistance from the church, the committee may recommend that you seek financial counseling.
	In order to continue to receive student assistance for the year your account must be current, or arrangements must have been made with the school treasurer.
	You must agree to monthly volunteer time of 2–10 hours based on the level of

Because there are many requests and a limited amount of funds available, the Student Assistance Committee has recommended that specific criteria be met before funds can be

It is our goal that no student shall be deprived of a Christian education on the basis of financial need. The members of the Student Assistance Committee are deeply concerned about the spiritual and educational growth of your child(ren) and will make every endeavor to see that those who have a financial need are treated with dignity and helped in Christian love.

Initial each item indicating you have read and understand each one. Return this page along with the attached application and financial information forms required, to the church office. Should you have questions concerning this application information call the church office at 423-238-4619.

Application deadline: Monday, June 15, 2020

assistance provided.

## **APPLICATION FOR STUDENT AID**

Parents/Gu	ardian			Ph	one	
Address			City			
State	Zip		Primary E	mail		
			Secondary	y Email		
Status:	( ) Married Deceased:		le ( er (	) Separated ) Mother	( ) Divorced	
Father/Gua	rdian's Employer		Addre	ess	Ph	one
Mother/Gua	ardian's Employe		Addre	ess	Ph	one
	of your employe	•		I benefits? (	,	) No
If yes, when	ormation		,	( ) No		
	es should be esti					•
Stude	ent Name(s)	Grade	Tuition Cost	Parent Contribution	Student Earnings (Academy)	Student Aid Request
	d the Student Asave an interview r			and agree to abid for assistance.	le by them as s	stated. I am
Signature o	of Parent/Guardia	n		 D	 ate	

## **INCOME PER MONTH**

Husband/Guardian:	
Salary, Bonus, & Commissions	\$ 
Wife/Guardian:	
Salary, Bonus, & Commissions	 
Dividends & Interest	 
Real Estate Income	 
Alimony	 
Child Support	 
Separate Maintenance	 
Other Income (List):	 
Total:	\$
Student's Financial Contribution:	
Name	\$ 
Name	 
Name	 
Name	 
Total:	\$

## **EXPENSES PER MONTH**

Tithes	\$ 
Church Budget	
Church Offerings	
Rent/House Payment	
Insurance:	
Medical	
Life	
Auto	
Electricity/Heat	
Water	
Food	
Car #1 Payment	
Car #2 Payment	
Truck Payment	
RV Payment	
Boat Payment	
Credit Cards:	
Visa	
Mastercard	
American Express	
Discover	
Others	
Credit Union Loans	
Bank Loans	
Other Loans	
Money Owed Educational Institutions:	
Name of School	
Auto Expense	
Livestock Expenses:	
Total Monthly Expenses	\$

	Make	<u> Year</u>	Market Value
Car #1		\$	<u> </u>
Car #2			
Truck			
Motorcycle		_	
R.V			
Camper			
Boat			
Tractor			
Cattle			
Horses			
Land			
Rental Property			
Home			
Other (List):			