

UPPER COLUMBIA ACADEMY

Financial Aid Request Form 2013-2014

(Give completed form to your Pastor)

The family income is considered for financial assistance and should fall within the following amounts:

Family of 2 - cap is \$50,600

Family of 5 - cap is \$74,000

Family of 3 - cap is \$52,500

Family of 6+ - cap is \$84,750

Family of 4 - cap is \$63,250

Please attach a copy of your 2012 Federal tax returns.

STUDENT INFORMATION

1. Student Name: _____
2. Mailing Address: _____

3. Social Security Number: _____ Birth date: _____
4. Student's Grade in the 2013-14 School Year: ___ 9th ___ 10th ___ 11th ___ 12th
5. SDA Church Member? Y N If not, what Denomination? _____
Home Church _____

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PARENT OR GUARDIAN INFORMATION

1. Parents' Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed
2. Father/Guardian's Name: _____ Phone#: _____
Address: _____
Occupation: _____ Employed by: _____ How Long? _____
SDA Church Member? Y N If not, what Denomination? _____
Home Church _____
3. Mother's Name: _____ Phone#: _____
Address: _____
Occupation: _____ Employed by: _____ How Long? _____
SDA Church Member? Y N If not, what Denomination? _____
Home Church _____

Parent or Guardian Information cont.

4. Dependent Children:	Name of Child	Grade	School Attending	Tuition Paid	Aid Received & Source
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

I am requesting church financial aid. I assume the responsibility of the remaining portion of the bill after student aid has been credited to my account. I certify that the above statements are true and correct to the best of my knowledge. UCA has permission to send copies of grades and statements to our sponsor church.

Parent/Guardian Signature Date

In applying for financial aid, I will do my best in my studies, citizenship, and I am willing to work where assigned.

Student Signature Date



LOCAL CHURCH INFORMATION
(To be completed by Pastor or Church Treasurer)

Amount of Church Contribution per Month: (one or both may be applied for)

_____ Worthy Student Funds \$40.00 _____ Pioneer Scholarship \$40.00
Total Monthly Church Support \$_____ (X 10) = Annual Support \$_____

Remarks _____

Church Authorization:

Local Church: _____ Telephone # _____

Church Mailing Address _____

Pastor Signature Date

Treasurer Signature Date

(Pastor/Treasurer) Please send this completed form along with the parent 1040 form to the Academy as soon as the church board has taken the necessary action. There are limited scholarships available and the applications are accepted and funds granted on a 'first come first served' basis. Thank you.