

UPPER COLUMBIA ACADEMY

3-Way / Pioneer Scholarship Form 2016-2017

(Give completed form to your Pastor or Church Treasurer)

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

Family of 2 - cap is \$48,060
Family of 3 - cap is \$60,480
Family of 4 - cap is \$72,900

Family of 5 - cap is \$85,320
Family of 6+ - cap is \$97,740

Please attach a copy of your 2015 Federal tax return

STUDENT INFORMATION

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

3. Student Birth date: _____
4. Student's Grade in the 2016-17 School Year: ___ 9th ___ 10th ___ 11th ___ 12th
5. SDA Church Member? Y N If not, what Denomination? _____
Home Church _____

PARENT OR GUARDIAN INFORMATION

1. Parents' Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed
2. Father/Guardian's Name: _____ Phone#: _____
Mailing Address: _____
Occupation: _____ Employed by: _____ How Long? _____
SDA Church Member? Y N If not, what Denomination? _____
Home Church _____
3. Mother's Name: _____ Phone#: _____
Mailing 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 16/17	Aid Received? (yes/no)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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)

_____ 3-Way Scholarship \$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 tax information to UCA 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.