



APPLICATION FOR FINANCIAL AID

Please be assured that your personal information will be held in strict confidence. Please fill in all blanks. If a particular item does not apply to you, please draw a line through it. If you have difficulty providing the information requested, please call (530) 422-7947.

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Church Membership: _____

List all dependent children you are responsible for:

	Name	Age	Grade	School
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Employment History:

Applicant: _____

Full Time _____ Part Time _____

Employer: _____ Phone: _____

Position: _____ No. of Years: _____

Address: _____ City: _____ Zip: _____

Spouse: _____

Full Time _____ Part Time _____

Employer: _____ Phone: _____

Position: _____ No. of Years: _____

Address: _____ City: _____ Zip: _____

Did you receive assistance for school costs last year? _____ Yes _____ No. Amount: _____

Are you or your spouse eligible for any employee educational grants for dependent children?

Applicant: _____ Yes _____ No. Source: _____ Amount: _____

Spouse: _____ Yes _____ No. Source: _____ Amount: _____

Note: In order for your application to be considered, you must attach the following documents.

1. A completed standard budget form.
2. A copy of your most recent IRS 1040 (both sides)
3. Verification of other financial aid/assistance.
4. A copy of the Weimar Academy tuition worksheet.

I certify that the information provided on this application and other request forms is true.

Signed: _____ Date: _____



STANDARD BUDGET – FINANCIAL AID

INCOME – Monthly

1. Applicant – Wages/salary (After taxes) \$ _____
2. Spouse – Wages/salary (After taxes) _____
3. Student wages – per month _____
4. Self-Employment Income (Babysitting, Rental income etc.) _____
5. Child Support/Alimony _____
6. California Conference Subsidies _____
7. Other Financial Aid _____

TOTAL INCOME \$ _____

EXPENSES – Monthly

1. Tithe & Offering \$ _____
2. Mortgage/Rent (Circle One) _____
3. Auto payment(s) _____
4. Auto Fuel/upkeep _____
5. Cable TV _____
6. Utilities (phone, gas, electric, garbage, water) _____
7. Child Care _____
8. Clothing _____
9. Dining Expenses _____
10. Groceries _____
11. Insurances _____
12. Other: _____

TOTAL EXPENSES \$ _____

APPLICANT:

We would like to send our child(ren) to Weimar Academy if sufficient aid is available. We can sacrificially pay \$ _____ per month for the school year, with the first monthly payment of \$ _____ to be paid at registration. I (we) assume the responsibility of the remaining portion of the bill after student aid is credited. I (we) understand that the remaining balance, after the initial payment, would be split for 9 equal monthly payments (Sept. - May). We understand that if the students do not meet the required hours of work or lose their job due to poor job performance, we are obligated to pay the remaining balance of the bill.

We understand that we will forfeit financial aid if we do not fulfill our part of this agreement.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Family size and number of children in SDA schools: _____ / _____

APPROVAL: ____ YES ____ NO ____ AMOUNT APPROVED \$ _____

APPROVED BY: _____ Date: _____