

Returning Student Application

(Only complete fields that need updated from last year)

Application date:// mo / day / yr	To attend school ye	ar:	Grade Entering:		
Last name (printed)	First (printed)	_ Middle (printe	ed) Nickna	ame (printed)	
Street/Post Office Box	lCity	State/Province	Country	 Zip Code	
Home Phone (with area code)	Student Cell Phone	Stude	Student Email Address		

	Father	Mother	Stepfather	Stepmother	Guardian
	raulei	Moulei	Steprattier	Stephiother	Guardian
Name					
Occupation					
Church Membership					
Baptized SDA? (Yes or No)					
Street Address					
City/State/Zip					
Home Phone Number					
Work Phone Number					
Cell Phone Number					
Email Address					
I Live With (Please check)					
Send Grades To (Please check)					
Send Bill To (Please check)					
First Point of Contact (Please check)					

FINANCIAL PLAN WORKSHEET

Student's Name (print):Date				
Please complete this Financial Plan and return with the application. For further informati refer to the financial section of the Weimar Academy Handbook. The following is my finan costs on the assumption that I will attend Weimar Academy for the whole year as a dorm not have Room and Board or Room Deposit Fees and their registration fees are only \$850.	cial plan for 2022-23. I am projecting student. Village and staff students will			
Section A: Summary of My Costs				
Application Fee – Due with application	\$ 50			
Tuition	\$ 8,500			
Room	\$ 3,500			
Meal Plan (\$6,500 - 3 Meal Plan)	\$ 6,500 \$ 850			
Non-Refundable Registration Fees – Dorm (\$850), Village/Staff (\$850)				
Refundable Room Deposit				
Subtotal – Projected fees and deposits (Dorm Student)	\$ 19,450			
Foreign Student Admission Fee (if applicable)	\$ 1,625			
Foreign Student Deposit (if applicable)*	\$ 1,500			
* \$3,125 is due up front before we issue an I-20 - \$1,500 is applied to the first month's bill student leaves Weimar Academy and is transferred out of SEVIS, \$125 is paper processing Additional Fees: Graduation Fee (Seniors Only) - \$150, Fees for College Classes (Seniors O Medical Insurance - Purchased Individually, Uniforms – See Uniform policy – Approximately	rfee. nly) – See College, Foreign Student			
A. Total Projected Fees and Deposits	\$			
Section B: My Expected Financial Resources				
Family	\$			
Summer Earnings	\$			
Savings	\$			
B. Total Personal Resources	\$			
Section C: Other Possible Financial Resources				
Sponsor: Local Church Worthy Student Fund	\$			
Sponsor: Local Conference	\$ \$			
Other Sponsors: (please list)	\$			
C. Total Sponsor Resources	\$			
Section D: Summary				
1. Total projected fees and deposits (Section A)	\$			
2. Total resources available (Add Section B and C Together)	\$ \$			
3. Total (subtract line 2 from line 1)	\$			
D. If line 3 (above) did not equal zero (\$0), please explain how and when the remainder w	vill be funded:			
There is an unpaid bill at another school YesNo				
Name of School: Phone: ()				
The above information has been completed to the best of our/my ability and is an accura projections and of our/my plan to cover the costs involved.	te statement of both expense			
Person(s) assuming responsibility: (print)Relationship t	o student:			
Signature(s): Date:				