

FINANCIAL ASSISTANCE REQUEST

The Student Assistance Program is designed to help families who are unable to cover the cost of attending Sunnydale Adventist Academy. **Student aid applications for returning students need to be completed by June 30.** If you have questions or need assistance as you are completing the application please call Sunnydale Academy.

STUDENT INFORMATION

Name _____ Date of Birth _____
Address _____ Grade next year _____
City _____ State _____ Zip _____
Church _____

FAMILY INFORMATION

Father/Male Guardian Name _____ Occupation _____
Address _____
City _____ State _____ Zip _____
Mother/Female Guardian Name _____ Occupation _____
Address _____
City _____ State _____ Zip _____
Number of children in household _____
Number of children in SDA College _____ Number of children in Academy _____

FAMILY FINANCIAL INFORMATION

Parents previous year adjusted gross income per Form 1040 \$
For this student aid request to be considered, a copy of the parents/guardians last tax year 1040 (pages 1 & 2 only) must accompany this completed form.

Other non-taxable income (Social Security, ADC etc.) \$ _____

Responsible Party Signature

Date

Responsible Party Signature

Date

Sunnydale encourages parents or guardians of students accepting financial assistance, to agree for an electronic withdrawal in the amount of the parent/guardian contribution monthly amount listed on the financial plan. Please complete this withdrawal authorization as a part of the application process.

ELECTRONIC WITHDRAWAL AUTHORIZATION

I _____ hereby authorize Sunnydale Adventist Academy to make electronic withdrawals from my personal banking account. I authorize Sunnydale to make such withdrawals as follows:

1. An amount equal to _____'s account balance each month.
2. \$_____ per month to be applied to _____'s account.

My preferred withdrawal date is (check one)

_____ 10th of each month

_____ 20th of each month

_____ 30th of each month

Please begin making withdrawals with the month of _____ and end with the month of _____.

Parent/Guardian signature

Parent/Guardian printed name

ATTACH A VOID CHECK HERE