

REQUEST FOR WORTHY STUDENT AID

Eau Claire Seventh-day Adventist School

STUDENT NAMES:

GRADE

Full Tuition Charge per year: _____

Assets and Savings: \$ _____

State or County Aid: \$ _____ (per month)

C. MONTHLY EXPENSES

Car: _____ Home: _____

Insurance: _____ Groceries: _____

Medical: _____ Other: _____

TOTAL MONTHLY EXPENSES: _____

B. PARENT INFORMATION

Occupation/Employer:

(Father) _____

(Mother) _____

Where is your SDA Membership? _____

Names and ages of dependents:

Income Per Month:

Husband: _____ Wife: _____

Child: _____ Child Support: _____

TOTAL MONTHLY INCOME: _____

D. WHAT AMOUNT ARE YOU PREPARED TO PAY
ON YOUR CHILD/CHILDREN'S SCHOOL FEES
PER MONTH? _____

E. ENCLOSE A COPY OF YOUR MOST RECENT
INCOME TAX FORMS.

SIGNED: _____ Date: _____

Address: _____ Phone: _____