

# Carmichael Seventh-Day Adventist Church

## Student Tuition Assistance Program

\*\*\*Deadline for submitting form and receiving full consideration is May 1, 2020\*\*\*

Dear Applicant for Tuition Assistance:

We believe that our Seventh-day Adventist Christian education provides the best opportunities for the social, mental, spiritual, and physical development of our youth. Often such an education requires great sacrifice and commitment. The Carmichael Seventh-Day Adventist church is committed to assisting member families who provide documented need for tuition assistance. Our model and ministry is taken from the New Testament model of believers helping other believers, "as they had need." Acts 2:45.

We have a limited amount of tuition assistance funds that we can share. The amount of assistance is distributed on the basis of need, funds available, participation in the Carmichael Church and SAA communities and the level of effort and commitment demonstrated by parents/guardians in contributing to tuition.

If you feel that you need tuition assistance, it is important to complete this application and return it to the church office.

Eligibility Criteria:

1. The parent(s) or guardian must have been supporting members of Carmichael SDA Church for six months (unless moved into area recently)
2. The student must maintain satisfactory grades, attendance, and citizenship.
3. The student's account must be kept current.
4. The student, parent (or guardian) must be responsible for a portion of the student tuition commensurate with their ability and circumstances.
5. Application must be received by Carmichael SDA Church business office by June 4. (Late and/or incomplete applications will not receive full consideration.)
6. First time applicants who receive tuition assistance must complete Dave Ramsey's ***Financial Peace University*** as soon as it is available in the Sacramento region to remain eligible. Contact the church office for further information. Applicants must submit a certificate of completion for both parents/guardians, as applicable, to the church office. Applicants will be reimbursed a maximum of \$50 towards the application fee upon request, proof of payment and submission of the certificate of completion.

Process:

1. Announcements for the Tuition Assistance Program will be made in the church bulletin.
2. Interested families may obtain an application from the church office or online at <http://www.carmsda.org>. It is the responsibility of the applicant to submit the application via mail or directly to the office:

Carmichael Seventh Day Adventist Church  
Attn: Pastor Benji Ferguson  
4600 Winding Way  
Sacramento, CA 95841

3. Note the **requirement** of a copy of: 2019 Federal 1040 pg 1, W2's, 1099's, and other applicable documentation as indicated on page two of the application.
4. The Tuition Assistance committee will review all applications and will inform the parent(s)/guardian of the amount granted.

# Carmichael Seventh Day Adventist Church Student Tuition Assistance Application

**Children's names** (for whom tuition assistance is requested)

1. \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_
2. \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_
3. \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_
4. \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Resides with: Both parents\_\_ Father\_\_ Mother\_\_ Guardian\_\_ Other\_\_\_\_\_

**Total Tuition Assistance requested per month** (a specific amount or a range).

\$ \_\_\_\_\_

## Family Information

Father's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Occupation \_\_\_\_\_

Home Address \_\_\_\_\_  
Number and Street City State Zip Code

Mother's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Occupation \_\_\_\_\_

Home Address \_\_\_\_\_  
Number and Street City State Zip Code

Married \_\_ Separated \_\_ Divorced \_\_ Widow(er) \_\_ Other \_\_

Guardian \_\_\_\_\_ Occupation \_\_\_\_\_ Telephone # \_\_\_\_\_

Home Address \_\_\_\_\_  
Number and Street City State Zip Code

Step Father \_\_\_\_\_ Occupation \_\_\_\_\_

Step Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Main contact email \_\_\_\_\_

**Other Dependents** (name and relationship)

\_\_\_\_\_

**Sabbath School Attendance:** My child(ren) named above attend Sabbath School at Carmichael Adventist Church \_\_\_\_ times a month (average)

If less than once a month, please explain. \_\_\_\_\_

**Participation:** How do you envision your family involvement at Carmichael Seventh-Day Adventist Church and Sacramento Adventist Academy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:** Provide any additional information you believe the Tuition Assistance Committee should consider regarding eligibility and the amount of assistance required. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**\*Be sure to complete and sign this form AND include a copy of page 1 of your Federal IRS 1040 Tax Form, W2's, 1099, and other applicable documents as indicated on the next page when submitting your application.**

**Personal Income**

Father's employer(s) \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_  
Mother's employer(s) \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

Adjusted Gross Income from your most recent Federal IRS 1040 Tax Form \$ \_\_\_\_\_

Student(s) earnings  
\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Applicant name/annual earnings Applicant name/annual earnings Applicant name/annual earnings

**Other Income Sources**

Alimony \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ Scholarships \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_ AFDC \$ \_\_\_\_\_ Grants \$ \_\_\_\_\_  
Disability \$ \_\_\_\_\_ VA Benefits \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_ Investments \$ \_\_\_\_\_  
Conference assist. \$ \_\_\_\_\_ Gifts/family \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Total other income per month \$ \_\_\_\_\_**

**Monthly Expenses**

Rent \$ \_\_\_\_\_ /month  
House Payment \$ \_\_\_\_\_ /month  
Automobiles Make \_\_\_\_\_ Year \_\_\_\_\_ Payment \$ \_\_\_\_\_ /month  
Make \_\_\_\_\_ Year \_\_\_\_\_ Payment \$ \_\_\_\_\_ /month  
Boat Make \_\_\_\_\_ Year \_\_\_\_\_ Payment \$ \_\_\_\_\_ /month  
Motor Home Year \_\_\_\_\_ Class \_\_\_\_\_ Payment \$ \_\_\_\_\_ /month  
Consumer Debt (credit, HELOC, student loans) Payment \$ \_\_\_\_\_ /month  
Health insurance \$ \_\_\_\_\_ /month  
Out of pocket medical expenses \$ \_\_\_\_\_ /month

**Statement:** My signature below indicates that:

- 1. I request the Carmichael Tuition Assistance Committee to consider my application for tuition aid for my children.
- 2. I certify that the information I've provided on this form is true and correct.
- 3. I authorize the Carmichael Tuition Assistance Committee to verify any or all of my information.
- 4. I authorize Sacramento Adventist Academy to release information about my payment records, grades, and/or citizenship status of my child(ren) being considered for tuition assistance.

\_\_\_\_\_  
Signature of Father or Guardian Date Signature of Mother or Guardian Date

\_\_\_\_\_  
Signature of Students:

The information requested on this form will be used by the Carmichael Tuition Assistance Committee as it considers your request for assistance. This information will remain in strict confidence.

**Reminder:** Submit this completed form, copy of page 1 of your Federal IRS 1040 Tax Form, W2, 1099, and documentation of other income sources listed above in a **sealed** envelope to the Carmichael Seventh Day Adventist Business **Office**. Address the envelope to Pastor Benji Ferguson.



# SACRAMENTO ADVENTIST ACADEMY

Authorization to Release Information

School Year 20\_\_\_\_\_ - 20\_\_\_\_\_

Students Applying for Aid:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I/We \_\_\_\_\_ (parent/guardian) authorize Sacramento Adventist Academy to release payment history and grades to \_\_\_\_\_ (church name). I understand that payment history and grades may affect eligibility for church aid according to the church's policy for financial aid. I understand that my authorization will remain effective from the date of my signature until the end of the current school year, and that the information will be handled confidentially. I understand that I may revoke the authorization at any time by written, dated communication to Sacramento Adventist Academy Office. I have read and understand the nature of this release.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date