APPLICATION WORTHY STUDENT FUNDS

Warren Seventh-day Adventist School

Date _July 16, 2024				
Student's Name(s)				
Responsible Party's Nar	ne			
Street Address City, State, Zip				
Phone(s)		Or		
the above-named student. It to the availability of funding.	Inderstand the The fund exase the responsittee will sible party wasponsorship	that funds are allocated vexists for cases of hardsloonsible party from make make recommendations will exhaust all available s, and/or aid from the expansion of the exhaust all available s.	where a great nip. ing timely to to the custo options for extended fami	receiving aid, including but ily.
rund.				
Please explain your need	l and the f	actors that prevent y	you from p	paying the full tuition:
Please indicate your esti	mated ann	nual income:		
☐ less than 20,000		20,001-29,000		29,001-35,000
□ 35,001-45,000		45,001-55,000		over 55,000
Signed				