

APPLICATION
WORTHY STUDENT FUNDS
Warren Seventh-day Adventist School

Date

Student's Name(s)

Responsible Party's Name

Street Address

City, State, Zip

Phone(s)

Or

As of this date, I/we wish to apply for help from the Worthy Student Fund for tuition due on the account of the above-named student. I understand that funds are allocated where a great need has been proven, subject to the availability of funding. The fund exists for cases of hardship.

This application does not release the responsible party from making timely tuition payments. When funds are available, the finance committee will make recommendations to the custodian of the worthy student fund.

It is expected that the responsible party will exhaust all available options for receiving aid, including but not limited to: scholarships, sponsorships, and/or aid from the extended family.

Please explain why you should be considered to receive aid from the Worthy Student Fund:

Please explain your need and the factors that prevent you from paying the full tuition:

Please indicate your estimated annual income:

- | | | |
|---|--|--|
| <input type="checkbox"/> less than 20,000 | <input type="checkbox"/> 20,001-29,000 | <input type="checkbox"/> 29,001-35,000 |
| <input type="checkbox"/> 35,001-45,000 | <input type="checkbox"/> 45,001-55,000 | <input type="checkbox"/> over 55,000 |

Signed _____