

Sacramento Central Seventh-day Adventist Church

Student Financial Aid Application

Name(s) of Student(s)	Age	Grade and Last School Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AMOUNT I/WE CAN PAY TOWARDS EACH CHILD'S TUITION \$ _____

FATHER

MOTHER

Name _____

Address _____

City/St/Zip _____

Phone _____

Email _____

Employer _____

Address _____

City/St/Zip _____

Work Phone _____

Gross Monthly Income _____

Other Income _____
(please list all other forms of income)

Name _____

Address _____

City/St/Zip _____

Phone _____

Email _____

Employer _____

Address _____

City/St/Zip _____

Work Phone _____

Gross Monthly Income _____

Other Income _____
(please list all other forms of income)

I/WE agree that all of the information submitted on this form or any other required information is true. I/We also have read the Student Financial Aid Policy and agree that our student(s) are eligible to receive a scholarship from the Sacramento Central Seventh-day Adventist Church.

 Parent Signature Date

 Parent Signature Date