



Linwood Seventh-day Adventist Church

STUDENT TUITION ASSISTANCE FORM

Physical
6525 N Monroe
Spokane WA 99208

Secure Mail
PO Box 48273
Spokane, WA 99228

509-327-4400 | 509-981-8508 TEXT
email@linwoodsda.org
www.linwoodsda.org

GUIDELINES

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 Linwood Seventh-Day Adventist church is committed to assisting member families in 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 Linwood Church and 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 Linwood SDA Church for six months (unless moved into area recently).
2. The student must maintain satisfactory grades and attendance.
3. The student, parent (or guardian) must be responsible for a portion of the student tuition commensurate with their ability and circumstances.
4. Application must be received by Linwood SDA Church business office by June 4. (Late and/or incomplete applications will not receive full consideration.)

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 linwoodsda.org.
It is the responsibility of the applicant to submit the application via one of the methods below:
 - a. Email: linwoodsdatreasurer@gmail.com
 - b. Secure Mail: PO Box 48273, Spokane, WA 99228 (also noted above)
 - c. Drop off to the church

The Tuition Assistance committee will review all applications and will inform the parent(s)/guardian of the amount granted.

NOTE: This does not apply to daycare.

CHILDREN'S NAMES (for whom tuition assistance is requested)

Name	Age	Grade	Resides with	
			<input type="checkbox"/> Both parents <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	<input type="checkbox"/> Father <input type="checkbox"/> Mother
			<input type="checkbox"/> Both parents <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	<input type="checkbox"/> Father <input type="checkbox"/> Mother
			<input type="checkbox"/> Both parents <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	<input type="checkbox"/> Father <input type="checkbox"/> Mother
			<input type="checkbox"/> Both parents <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	<input type="checkbox"/> Father <input type="checkbox"/> Mother

Total Tuition Assistance requested per month (a specific amount or a range): \$ _____

Are you receiving assistance from any other source/church other than school being attended? ☐ No ☐ Yes

FAMILY INFORMATION

Father's Name: _____ Phone: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Phone: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

☐ Married ☐ Separated ☐ Divorced ☐ Widow(er) ☐ Other: _____

Guardian Name: _____ Phone: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Step Father: _____ Phone: _____ Occupation: _____

Step Mother: _____ Phone: _____ Occupation: _____

Main contact email: _____

Other Dependents (name and relationship): _____

CHURCH INVOLVEMENT

SABBATH SCHOOL ATTENDANCE: Frequency my child(ren) named above attend Sabbath School at Linwood Church monthly (average): _____

If less than once a month, please explain: _____

PARTICIPATION: How do you envision your family involvement at Linwood Church and the school they plan to attend?

ADDITIONAL INFORMATION: Provide any additional information you believe should be considered regarding eligibility and the amount of assistance required.