

Appendix 3
Parkview Adventist Academy
Student Aid and Church Matching Scholarship Eligibility Application
DEADLINE FOR SUBMITTING APPLICATION: October 15

Do we qualify for this program?

The first eligibility requirement for this program is directly related to how much money the family earns. Please copy and attach the most recent year's tax assessment for each person in the family.

Additional Eligibility Requirements:

- The student must maintain a course load of at least 15 credits throughout each semester covered by this application.
- For the church matching scholarship program the student or parent must be a member of an SDA church.
- The student must not be receiving SDA Education Subsidy.

Application Process

Once the application is completed, **submit it to the Student Finance Office** for review by the Student Finance/Financial Aid Committee. If the application is approved:

1. The SF/FA Committee chairperson will write to the student's home church advising the pastor of the student's eligibility to participate in the "matching funds scholarship" program.
2. The home church is asked to forward \$300 on behalf of the student for subsequent "matching" by the conference and PAA.
3. PAA will match the conference contribution to a maximum of \$600 for a residential student attending two semesters of the same school year.
4. For U.S. students the process is similar **except** that PAA's contribution will be equal to one-half of the amount forwarded by the home church to a limit of \$600 CDN. The home church is donating on behalf of itself and its conference since no US conference will send funding out of country.
5. As this scholarship is financial-need based and designed to offset attendance costs, no part of the funds received from church, conference, or school will be paid out to the student.
6. **Submission of this application and compliance with the eligibility requirements does not guarantee financial help from either the matching funds or student aid programs because of the limited funds available for distribution.**

Personal Information

Student Name: _____

Father's/Co-signer's Name: _____

Phone Number: _____

Mother's Name: _____

Church Name: _____

Province: _____

If you are not a member of this church, please give the name of the parent who is the member: _____

Release of Information

By submitting this application, I give permission to the Student Finance/Financial Aid Committee to review all the financial information provided.

Signature of Student: _____

Date: _____

Signature of Father or Co-signer: _____

Signature of Mother: _____