



## Student Aid Application

The names on this form will be held confidential. The purpose of this application is to determine the need and/or the amount of financial aid assistance. The Finance Committee of the MVCS School Board will review all applications and make recommendations to the MVCS School Board for approval. This is reported to the Board as Family A, Family B, Family C, etc. The South Williamsport Seventh-day Adventist Church congregation endeavors to provide financial aid to support needy families so that children may receive a Christian education.

Name of Student(s): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parental Income and Expense Information:

(The information indicated below pertains to the most recent completed tax return.) Tax Year: \_\_\_\_\_

**A copy of your most recent 1040 tax return must be submitted with this application.**

	Total number of exemptions on IRS Form 1040 – Line 6D	
	Fathers total W-2 earnings	
	Mothers total W-2 earnings	
	Adjusted gross income on IRS Form 1040 – Line 16	
	Non-taxable income and benefits	
	Social Security	
	Aid to families with dependent children	
	Other families with dependent children (include child support, welfare, workers compensation, etc)	
	Medical and dental expenses not covered by insurance	
	School and College tuition paid	
	Estimated taxable and non-taxable income	
	Monthly mortgage/rent payment <input type="checkbox"/> Own <input type="checkbox"/> Rent	

Name(s) of Dependent Child(ren)	Grade	Current Tuition Rate (per month)
1.		
2.		
3.		
4.		

What is the amount of financial aid you are requesting on a monthly basis? \$ \_\_\_\_\_



PLEASE explain any unusual expenses or circumstances which should be considered in evaluating your need:

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I/We authorize that the above information is true and correct to the best of our knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MVCS Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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Do not write below this line. This is for board approval only.

Board Approval:  YES  NO

Amount of approved Financial Aid per month: \$ \_\_\_\_\_

Board Review Date: \_\_\_\_\_