

## Church Scholarship Program (2022-2023)

**Scholarship Application for:** (Student's Name) \_\_\_\_\_

All HVCA students attending \_\_\_\_\_ Seventh day Adventist Church and who qualify are eligible for a Scholarship up to \$100 per month depending on available church funds. This money will be paid on behalf of the student directly to HVCA each month for 10 months.

**Eligibility:**

1. The parents (Mom or Dad), guardian, or grandparents must be active members of the \_\_\_\_\_ Church. An active member is defined as follows:
  - a. Membership letter is at \_\_\_\_\_ Church.
  - b. They attend church regularly and participate in church functions i.e. cleaning bees, etc.
2.
  - a. They support the gospel with their tithes and offerings (Church Budget).
3. The student has a financial need as determined by HVCA Admissions.
  - a. **Amount Requested:** \$ \_\_\_\_\_

**Maintaining:** (Parent/Guardian and Principal must initial each line.)

- 1.** The student must maintain an overall GPA of **B-** or better. \_\_\_\_\_  
(Attach an explanation if lower than B-.)
- 2.** The student must participate in school functions. \_\_\_\_\_
- 3.** The student must adhere to school standards as outlined in school handbook. \_\_\_\_\_
- 4.** The parents or guardians must attend school functions including Home and School. \_\_\_\_\_

I have read and understand this scholarship program and promise to do my best at HVCA.

Student's signature: (5<sup>th</sup> Grade and up) \_\_\_\_\_ **Date:** \_\_\_\_\_

I have read and understand this scholarship program. I promise to support my student at HVCA.

If I have applied for HVCA financial aid, I authorize HVCA to release my financial information.

Parent or Guardian's Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

We have reviewed the student's application and will communicate any issues involving grades or involvement in school functions.

HVCA School Principal's Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

Once all signatures are obtained, the completed form must be given to the \_\_\_\_\_ Finance Chairperson for action by the church finance committee. Once approved, the parent and school will be given a copy.

This application has been approved by \_\_\_\_\_ Finance Committee. **Amount:** \$ \_\_\_\_\_

Finance Chair Signature: \_\_\_\_\_ Treasurer Signature: \_\_\_\_\_

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