## Invest-In-A-Life Application for Student Financial Assistance 2024-2025 New Market Seventh-day Adventist Church

The New Market Seventh-day Adventist Church desires that the children of every member be able to obtain a Christian education. Any member who feels his or her child may be in jeopardy of not attending Shenandoah Valley Academy (SVA) for financial reasons may submit a request for assistance by completing the remainder of this document. The Finance Committee recognizes its solemn responsibility to keep confidential all information provided in this request. The entire document must be completed and turned in to the church office by May 2, 2024 before the Committee will consider the request.

NOTE: The student and his/her family must meet their work and financial obligations as outlined in any financial assistance agreement they sign with SVA. Also, the student must maintain a 2.0 grade point average or better throughout the academic year. Failure to meet either or both requirements will be grounds for forfeiting any financial award by the New Market SDA Church.

- 1. How long have you (your family) been members of the New Market SDA Church?
- 2. How many children are you seeking assistance for? Please print the name(s) here:
- 3. Have you applied to SVA for financial assistance for the 2024-2025 academic year? If not, do you plan to do so?
- 4. Will your child(ren) be receiving assistance through the Virginia Education Improvement Tax Credit program? If so, in what amount?
- 5. What was your and your spouse's Federal Adjusted Gross income on your 2023 Federal tax return?
- 6. If there have been any significant changes in your income from that reported on your 2023 tax return, please describe those changes here:

PLEASE NOTE: If you apply to SVA for financial assistance, they will require a copy of your latest Federal tax return. In that case, you do NOT need to include a copy with this application to the church. Otherwise, please include a copy with this application.

7. Please indicate below any special circumstances that you believe the Finance Committee should consider when evaluating your application:

8. After prayerfully considering your obligations, please indicate the monthly amount you can commit to pay over

a twelve-month period, as your financial responsibility for your child(ren)'s tuition. \_\_\_\_\_\_.

Signature of Parent or Guardian

Printed Name

Phone Number: \_\_\_\_\_\_

Please seal the above application in an envelope marked "Student Financial Assistance Committee" and deliver to the New Market Church Office. Thank you.