

# Three-Way Match



(1) Apply for financial aid (2) submit your local church information (3) Upon approval the Financial Aid committee determines the qualifying amount for a 3-way match between the family, the church and the student aid gifting fund (4) the student aid will not be higher than the least of the other two contributors.

## *Eligibility for Financial Aid:*

- The local church must recognize the family’s need for financial assistance. Tax laws and church policy do not allow the church portion to be paid by the parents/guardians nor students.
- The student must demonstrate a consistent Christian commitment, as well as a true desire to attend Dakota Adventist Academy (DAA) and a willingness to abide by its policies and standards.
- The student must be willing to work in a school work assignment.
- Parent and sponsor portion of tuition and all miscellaneous school expenses must be paid regularly and on time, or DAA may re-evaluate this agreement.
- A student regularly having a “D, F, and/or I” in academics may jeopardize eligibility.
- A student having lower than a “B” grade in attendance and/or citizenship may jeopardize eligibility.

Note: This application is to be in the DAA business office on or before registration day, completely filled out and properly signed. This program is subject to available funds and final determination of financial need by the Financial Aid Committee or its representative. This form may be emailed to [info@mydaa.org](mailto:info@mydaa.org).

School year: \_\_\_\_\_

Student: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

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

Church: \_\_\_\_\_

Amount of Church Sponsorship: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Date: \_\_\_\_\_

Church Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Signature/Title: \_\_\_\_\_ Date \_\_\_\_\_