

# Matching Scholarship Application and Agreement



## Eligibility for Financial Aid:

1. 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.
2. 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.
3. The student must be willing to work in a school work assignment to maximize student earnings.
4. 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.
5. A student regularly having a "D, F, and / or I" in academics may jeopardize eligibility.
6. A student having lower than a "B" grade in attendance and/or citizenship may jeopardize eligibility.

The church may sponsor the student for any amount they choose, however, DAA will match the sponsoring church's contribution –

- Up to \$100/month for 10 months for **village** students (\$1,000 annually).
- Up to \$150/month for 10 months for **dorm** students (\$1,500 annually).

**Note:** *This application is to be in the DAA business office on or before August 1, completely filled out and properly signed. This program is subject to available funds and final determination of financial need by the Scholarship Committee or its representative. If this application is submitted after June 30, DAA matching financial assistance may be denied. If sponsors fail to pay, the parents become responsible.*

## Sponsorship Information

**School Year:** in which aid is being applied: \_\_\_\_\_

**Student:** Student Name: \_\_\_\_\_

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

**Parent/Guardian:** Parent Name: \_\_\_\_\_

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

**Church:** Church Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Position \_\_\_\_\_

Amount of Church Sponsorship: \$ \_\_\_\_\_ (Per month) Date: \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ email: \_\_\_\_\_