

# UPPER COLUMBIA ACADEMY

## 3-Way / Pioneer Scholarship Form 2017-2018

**(Give completed form to your Pastor or Church Treasurer)**

The family income is considered for financial assistance and should fall within the following amounts:

Family of 2 - cap is \$48,060  
Family of 3 - cap is \$60,480  
Family of 4 - cap is \$72,900

Family of 5 - cap is \$85,320  
Family of 6+ - cap is \$97,740

**Please attach a copy of your 2016 Federal tax return**

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### STUDENT INFORMATION

1. Student Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Student Birth date: \_\_\_\_\_
4. Student's Grade in the 2017-18 School Year: \_\_\_ 9<sup>th</sup> \_\_\_ 10<sup>th</sup> \_\_\_ 11<sup>th</sup> \_\_\_ 12<sup>th</sup>
5. SDA Church Member? Y N If not, what Denomination? \_\_\_\_\_  
Home Church \_\_\_\_\_

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### PARENT OR GUARDIAN INFORMATION

1. Parents' Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed
2. Father/Guardian's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_ How Long? \_\_\_\_\_  
SDA Church Member? Y N If not, what Denomination? \_\_\_\_\_  
Home Church \_\_\_\_\_
3. Mother's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_ How Long? \_\_\_\_\_  
SDA Church Member? Y N If not, what Denomination? \_\_\_\_\_  
Home Church \_\_\_\_\_

(over) UCA-BO

**Parent or Guardian Information cont.**

4. Dependent Children:

<i>Name of Child</i>	<i>Grade</i>	<i>School Attending</i>	<i>Tuition 17/18</i>	<i>Aid Received? (yes/no)</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I am requesting church financial aid. I assume the responsibility of the remaining portion of the bill after student aid has been credited to my account. I certify that the above statements are true and correct to the best of my knowledge. UCA has permission to send copies of grades and statements to our sponsor church.

\_\_\_\_\_  
Parent/Guardian Signature Date

In applying for financial aid, I will do my best in my studies, citizenship, and I am willing to work where assigned.

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

**LOCAL CHURCH INFORMATION**  
(To be completed by Pastor or Church Treasurer)

Amount of Church Contribution per Month: (one or both may be applied for)

\_\_\_\_\_ 3-Way Scholarship      \$40.00      \_\_\_\_\_ Pioneer Scholarship      \$40.00  
Total Monthly Church Support      \$\_\_\_\_\_ (X 10) = Annual Support      \$\_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_

Church Authorization:

Local Church: \_\_\_\_\_ Telephone # \_\_\_\_\_

Church Mailing Address \_\_\_\_\_

\_\_\_\_\_  
Pastor Signature Date

\_\_\_\_\_  
Treasurer Signature Date

(Pastor/Treasurer) Please send this completed form along with the parent tax information to UCA as soon as the church board has taken the necessary action. There are limited scholarships available and the applications are accepted and funds granted on a 'first come first served' basis. Thank you.