

# Immanuel Temple Seventh-day Adventist Church

## Student Aide Policy for (Non-Adventist Schools)

In an effort to support “our Members” and assist in their education, the Church will supplement financial aid during times of hardship. The Student Aid Fund is intended to support students attending non-Adventist school(s).

### **Guidelines for the appropriation of funds:**

Application deadline for fall semester is July 1, for spring semester December 1, and summer semester April 1. In the event funds are limited, priority will be given to those students who have never received financial assistance within a 12 month period. A lifetime maximum of 3 applications per student may be submitted.

**ELIGIBLE STUDENTS:** Members of Immanuel Temple

- K-8
- High School
- Community College
- University/College (Undergraduate)
- Certificate Program(s)

### **FUNDING DEPENDENCY:**

The amounts per 12 month period are based on the grade level of the student.

- |                                      |               |
|--------------------------------------|---------------|
| • K-8                                | Up to - \$200 |
| • High School                        | Up to - \$300 |
| • Certificate Program(s)             | Up to - \$300 |
| • Community College                  | Up to - \$400 |
| • University/College (Undergraduate) | Up to - \$500 |

### **INELIGIBILITY**

Grade point average below C

### **Procedure:**

### **APPLICATION PROCESS**

- Submit an application to the Education Secretary.
- Report Card or other proof of GPA (at least 2.5/77%)
- Applicants must show proof of enrollment via class schedules or letter from school official.
- If approved, check will be made payable to the school/institution.

IMMANUEL TEMPLE SDA CHURCH

**Student Aid Application**

NAME:

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address:

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

Name of School/Institution \_\_\_\_\_

Semester in which the class/course is offered: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_

Describe the reason(s) for your request for financial assistance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What steps have you taken to pay for the class(es)/course(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



**CHURCH USE ONLY**

Education Committee Recommendation: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Education Secretary Signature: \_\_\_\_\_ Date \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Mailed: \_\_\_\_\_