

WALLA WALLA VALLEY ACADEMY

3-Way Scholarship Form 2023-2024

(Give completed form to your Pastor or Church Treasurer)

STUDENT INFORMATION

1. Student Name: _____
2. Mailing Address: _____

3. Student Birth Date: _____
4. Student's Grade in the 2023-24 School Year: ___9th ___10th ___11th ___12th
5. SDA Church Member? Y N If not, what Denomination? _____
Home Church _____

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)

Parent or Guardian Information cont.

4. Dependent Children:

Name of Child	Grade	School Attending	Tuition 22/23	Aid Received? (yes/no)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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. WWVA 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:

____ 3-Way Scholarship \$50.00

Total Monthly Church Support \$_____ (X 10) = Annual Support \$_____

Remarks _____

Church Authorization:

Pasco Riverview SDA Church _____
PO Box 2070 Pastor Signature Date
Pasco, WA 99302
(509) 547-4998 _____
Treasurer Signature Date

(Pastor/Treasurer) Please send this completed form to Walla Walla Valley Academy, 300 SW Academy Way, College Place, WA 99324 as soon as necessary action has been taken. Thank you.