

OZARK ADVENTIST ACADEMY

Financial Information

INSTRUCTIONS

This information is requested at the time of application and is required of all students before a financial plan can be made. Applications for financial aid will be considered on an individual basis. **All Financial Aid is subject to the availability of funds.**

GENERAL INFORMATION

Student Name _____ Grade _____ DOB ___/___/___ Age _____
Father or Male Guardian _____ Phone (____) _____
Address _____ City/State _____ Zip _____
Mother or Female Guardian _____ Phone (____) _____
Address _____ City/State _____ Zip _____
Primary Parent Email Address _____

FINANCIAL ASSISTANCE

- I am eligible to receive tuition allowance from the following Seventh-day Adventist organization (give name and address): _____
- Do you have an unpaid account at any other school? _____ If so, what amount? _____
What school? _____ When will it be paid? _____
- I am not requesting any financial assistance from OAA. **(You may proceed to the next page if you check this box.)**
- I am requesting financial assistance. I will complete the information below and provide a copy of my 1040 tax form for the most current tax year.

Father's Employer _____ Earnings _____ Weekly/Monthly

Mother's Employer _____ Earnings _____ Weekly/Monthly

Other Income, if any \$ _____ Source of other Income _____
(Example: Social Security, Disability, Alimony, and Child Support)

Do you have other children attending SDA Schools? Yes No

Where? _____ Child's Name _____

FAMILY FINANCIAL COMMITMENTS			
	Amount		Amount
House/Rent Monthly Payment		Credit Card(s) – Monthly Payment	
Car – Monthly Payment(s)		Medical Insurance/Bills – Monthly Payment	
Personal Loan – Monthly Payment		Non OAA Tuition – Monthly Payment	

If there are circumstances that the financial aid committee should consider, please describe them briefly:

SCHOLARSHIPS

- My child has no OAA Scholarships.
 - My child has \$_____ in OAA scholarships. This includes Academy Days, MusicFest, Graduation, etc. (The scholarship certificates must be submitted before a financial plan can be finalized.)
 - Other scholarships (Camp, Megabooks, etc.) Please list: _____
- How much do you expect your student to earn in this program? _____

MATCHING SCHOLARSHIPS

- I will not be applying for the matching scholarship. Please explain: _____
- I will be applying to my church for the matching scholarship:
 Church Name: _____ Address: _____
(Street/Route #, PO Box #)

(City) (State) (Zip)
 Pastor: _____ Phone Number: _____

(The matching scholarship application must be submitted by the parent **to the church** for approval and must be forwarded to Ozark Adventist Academy before a financial plan can be finalized. Payments by the church should be received by the academy no later than October 1.)

STUDENT EMPLOYMENT

Dormitory Students: My student has a social security number with authorization for employment. Yes No

Day Students: My student will not be working on campus. My student desires employment on campus.

Please list any conditions that would render your student unable to work in certain areas (i.e. allergies, chronic illnesses, etc.)* _____

*Please attach Doctor's verification.

PARENT/GUARDIAN AGREEMENT

- I/We will pay in advance: _____ Full Year _____ Semester
- I/We will have the down payment as stated in the bulletin and I will pay the balance monthly as billed. *Any exception to paying the down payment in full must be by special arrangement with the Business Manager.*

If I/we are requesting financial aid, I/we can pay \$_____ per month toward my/our student's monthly billing. (This figure is **only** to aid the finance committee in its decision for financial aid.)

I/We declare that I/we have examined the information in this application, and to the best of my/our knowledge and belief, it is true, correct, and complete.

Male Parent/Guardian Signature _____ Date _____

Female Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

- Matching Scholarship Application received
- Financial Plan prepared