

Carmichael Seventh-Day Adventist Church

Student Tuition Assistance Program

*****Deadline for submitting form and receiving full consideration is June 2, 2025*****

Dear Applicant for Tuition Assistance:

We believe that our Seventh-day Adventist Christian education provides the best opportunities for the social, mental, spiritual, and physical development of our youth. Often such an education requires great sacrifice and commitment. The Carmichael Seventh-Day Adventist church is committed to assisting member families who provide documented need for tuition assistance. Our model and ministry is taken from the New Testament model of believers helping other believers, "as they had need." Acts 2:45.

We have a limited amount of tuition assistance funds that we can share. The amount of assistance is distributed on the basis of need, funds available, participation in the Carmichael Church and SAA communities and the level of effort and commitment demonstrated by parents/guardians in contributing to tuition.

Eligibility Criteria:

1. The parent(s) or guardian must have been active and supporting members of Carmichael SDA Church for six months (unless moved into area recently)
2. The student must maintain satisfactory grades, attendance, and citizenship.
3. The student's account must be kept current.
4. The student, parent (or guardian) must be responsible for a portion of the student tuition commensurate with their ability and circumstances.
5. An application must be submitted each year.
6. Assistance is not available for Pre-School.

Process:

1. Announcements for the Tuition Assistance Program will be made in the church bulletin.
2. Interested families may obtain an application from the church office or on-line at <http://www.carmsda.org/SAA>.
3. Note the requirement of a copy of: 2024 Federal 1040 pg 1.
4. The Tuition Assistance committee will review all applications and will inform the parent(s)/guardian of the amount granted.
5. It is the responsibility of the applicant to submit the application via mail or directly to the office:

Carmichael Seventh Day Adventist Church
Attn: Pastor Benji Ferguson
4600 Winding Way
Sacramento, CA 95841

Carmichael Seventh Day Adventist Church

Student Tuition Assistance Application

Children's names (for whom tuition assistance is requested)

1. _____ Age _____ Grade _____
2. _____ Age _____ Grade _____
3. _____ Age _____ Grade _____
4. _____ Age _____ Grade _____

Total Tuition Assistance requested per month (a specific amount or a range).

\$ _____

Family Information

Father's Name _____

Telephone # _____ Occupation _____

Home Address _____
Number and Street City State Zip Code

Mother's Name _____ Telephone # _____

Occupation _____

Home Address _____
Number and Street City State Zip Code

Guardian _____ Occupation _____ Telephone # _____

Home Address _____
Number and Street City State Zip Code

Main contact email _____

Sabbath School Attendance: My child(ren) named above attend Sabbath School at Carmichael Adventist Church ____ times a month (average)

Participation: How do you envision your family involvement at Carmichael Seventh-Day Adventist Church and Sacramento Adventist Academy? _____

Personal Income

Father's employer(s) _____ Gross Monthly Income \$ _____

Mother's employer(s) _____ Gross Monthly Income \$ _____

Adjusted Gross Income from your most recent Federal IRS 1040 Tax Form \$ _____

Please Provide a copy of Page 1 from your Federal IRS 1040 Form**Other Income Sources:**

Total other income per month \$ _____**Additional Information:** Provide any additional information you believe the Tuition Assistance Committee should consider regarding eligibility and the amount of assistance required.

Statement: My signature below indicates that:

1. I request the Carmichael Tuition Assistance Committee to consider my application for tuition aid for my children.
2. I certify that the information I've provided on this form is true and correct.
3. I authorize the Carmichael Tuition Assistance Committee to verify any or all of my information.
4. I authorize Sacramento Adventist Academy to release information about my payment records, grades, and/or citizenship status of my child(ren) being considered for tuition assistance.

Signature of Father or Guardian_____
Date_____
Signature of Mother or Guardian_____
Date

Signature of Students:

The information requested on this form will be used by the Carmichael Tuition Assistance Committee as it considers your request for assistance.

Reminder: Submit this completed form, and a copy of page 1 of your Federal IRS 1040 Tax Form in a **sealed** envelope to the Carmichael Seventh Day Adventist Business **Office**. Address the envelope to Pastor Benji Ferguson.



Authorization to Release Information

School Year 20_____ - 20_____

Students Applying for Aid:

Name:_____ Grade:_____

Name:_____ Grade:_____

Name:_____ Grade:_____

Name:_____ Grade:_____

I/We _____ (parent/guardian) authorize Sacramento Adventist Academy to release payment history and grades to _____ (church name). I understand that payment history and grades may affect eligibility for church aid according to the church's policy for financial aid. I understand that my authorization will remain effective from the date of my signature until the end of the current school year, and that the information will be handled confidentially. I understand that I may revoke the authorization at any time by written, dated communication to Sacramento Adventist Academy Office. I have read and understand the nature of this release.

Signature of Parent/Guardian

Date