# Kansas Avenue Education Department

**One-Time Tuition Educational Assistance Application**

## Educational Assistance is based on the following criteria:

* *Membership (student, parent or legal guardian) here at Kansas Avenue SDA Church*
* *Must attend Kansas Avenue SDA Church regularly and actively participate in one or more of the age appropriate Church Ministries.*

## College Students:

* *Must fulfill the above mentioned requirements and be visible during at least ½ of your home visits (i.e. holiday breaks and summer vacations), to show that you are still an active member.*

Student’s names: Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Cell Phone: Email address: Date of Birth:

Name of School: Grade:

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Information**:

Please provide below whether student or/and parent/legal guardian are **MEMBERS OF KANSAS AVENUE**

Student: Yes: No: Parent or Legal Guardian: Yes No:

**Church Affiliated Activities:**

### List below all current and prior Church Ministries or Community Services that you have been involved in on a regular basis here at **Kansas Avenue SDA Church** since last July 2019-2020.

1.

2.

3.

4.

Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Education Department)

*Approved:*

*Denied:*

*Signature: Date:*