

Parkview Adventist Academy
Student Aid and Church Matching Scholarship Eligibility Application
DEADLINE FOR SUBMITTING APPLICATION: October 15



Do we qualify for this program? It's all about the family!

The first eligibility requirement for this program is directly related to how much money the family earns. Please copy and attach the most recent year's tax assessment for each person in the family.

Please provide the total number of dependent children claimed in the tax assessment submitted: _____

Additional Eligibility Requirements:

- The student must maintain a full course load throughout each semester covered by this application.
- For the church matching scholarship program the student or parent must be a member of an Adventist congregation in BC, AB, SK or MB.
- The student must not be receiving employer-sponsored tuition subsidy.
- All on-campus earnings must remain on the student's account to help off-set the cost of attendance.

Application Process

Once the application is completed, **submit it to the Student Financial Services Office** for review by the PAA Administrative Council. If the application is approved:

1. The Director, Student Finance, will write to the student's home church advising the pastor of the student's eligibility to participate in the "matching funds scholarship" program.
2. The home church is asked to forward \$500 per term for a residential student or \$500 per year for a commuter on behalf of the student for subsequent "matching" by the conference (except for BC) and PAA.
3. PAA will match the conference contribution to a maximum of \$1000 for a residential student attending two semesters of the same school year.
4. As this scholarship is financial-need based and designed to offset attendance costs, no part of the funds received from church, conference, or school will be paid out to the student.
5. **Submission of this application and compliance with the eligibility requirements does not guarantee financial help from either the matching funds or student aid programs because of the limited funds available for distribution.**

Personal Information

Student Name: _____ Parent/Co-signer's Name: _____

Phone Number: _____

Church Name: _____ Province: _____

If you are not a member of this church, please give the name of the parent who is the member: _____

Release of Information

By submitting this application, I give permission to the PAA Administrative Council to review all the financial information provided.

Signature of Student: _____

Date: _____

Parent or Co-signer: _____

