



ARLINGTON

SEVENTH-DAY ADVENTIST CHURCH

TUITION ASSISTANCE FORM for 2023-24 School Year *Arlington Seventh-day Adventist Church*

The purpose of this form is to gather information to qualify families for tuition assistance from the Arlington Adventist Church. This information is kept confidential and used for this evaluation only.

The criteria to qualify:

- Both parents, where applicable, are members of the Arlington Seventh-day Adventist Church
- Supporting the work of the church by giving at least \$2,500 per year
- Being involved in a ministry of the Arlington Adventist Church

Parent Information

Father's last name:	Father's first name:		
Mother's last name:	Mother's first name:		
Address:	City:	State:	Zip:
Home phone #	Cell phone #		

Name(s) of children planning to attend Burton Adventist Academy:

1. Last name:	First name:	Grade level:
2. Last name:	First name:	Grade level:
3. Last name:	First name:	Grade level:

Are both parents (if applicable) members of the Arlington Church? yes no

Martial Status: Married Single Divorced Widowed Separated

What ministry at the Arlington Adventist Church are you involved in?

Father: _____ **Mother:** _____

Parent Signature

_____ Date: _____

For Church Use only

Signed off:

Ministry Leader: _____ **Date:** _____

Tuition Assistance Committee _____ **Date:** _____