

KILLEEN ADVENTIST JUNIOR ACADEMY FINANCIAL AID APPLICATION

(Request for Tuition assistance)

Date of Request: _____ Requested by: _____

Phone: _____ Alternate Phone: _____

Address (where tuition assistance correspondence can be sent): _____

Email address: _____

KAJA Costs (per child): Registration Fee: \$300.00

Total Tuition: (Pre-K-8th)

Monthly: \$275.00

Yearly: \$2750.00

How much are you able to afford on a monthly basis for EACH child? _____

How many hours are you able to volunteer at KAJA on a monthly basis? _____

KAJA Fees	What you can afford	Amount Requested (KAJA fees minus amount you can afford)
\$300.00 Registration		
\$275.00 Monthly tuition (Pre-K-8 th)		

Total monthly Amount Requested: \$ _____ For how long: _____

Children Names (include first and last names) that need tuition assistance:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Number of parents in household: _____ Number of children in households: _____

Number of employed parents in household: _____

Gross annual income for 2008: _____ Gross annual income for 2009: _____

Are you a member of the Killeen SDA Church? Yes No (members are given priority)

Reason for request (please provide and information that explains why you are requesting tuition assistance):

I understand income verification may be necessary and will provide the last 2 years tax returns upon request (as well as additional financial documentation to establish financial need- i.e. pay stubs, monthly income/expenditure statements etc.) I also understand that the information contained in this application as well as any additional information I submit will be kept strictly confidential and ONLY the KAJA worthy student sub-committee will have access to this information.

Signature

Date

Worthy Student Funds Check List

Requirements:

- Completed cover letter
- Completed WSF application
- Copies of most recent tax returns
- Letter of recommendation from teacher and/or pastor (should address conduct and academic effort)
- All volunteer hours from current school year must be current
- All tuition payments must be current. If unpaid balance remains by registration day, KAJA reserves the right to deny acceptance

May contact: Jeanice Mitchell
#: 254-291-0868
e-mail: jmitchell@integrityrehab.net

Name: _____

Date: _____

Letter of Recommendation

To whom it may concern:

This is a recommendation letter regarding the student _____. This letter includes an academic and personal evaluation through out the passed school year. With this, I recommend him/her to the Worthy Student Fund Board.

- Shows a motivation to learn
- Completes assignments
- Participates in class activities
- Shows reasoning ability in problem solving
- Shows respect for authority
- Shows respect for spiritual Activities
- Respect rights and properties of others
- Demonstrate courtesy
- Practices self-discipline
- Works well independently
- Uses time wisely
- Works and plays well with others
- Maintains an appropriate appearance
(modesty, personal hygiene, uni form)

	Never				Always
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
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1	2	3	4	5	

Comments:

Teacher Signature: _____

Date: _____