



## Highland Academy Financial Aid Guidelines

Financial aid is used to help families that have financial needs be able to afford a Christian education. Funding comes from conference educational funds and by donations from individuals. These funds are limited, and funds that are given to someone that does not truly need them may deprive others of educational opportunities.

Financial aid is to be used to cover tuition, fees, and/or room and board at Highland Academy. It is issued as a credit to the student account and **will not** be awarded as cash. The financial aid committee reserves the right to reduce the amount of financial aid should other assistance become available or should the student fail to meet the scholastic, attendance, or citizenship standards outlined below.

We encourage families to apply for our **Church Sponsorship Matching Assistance** program. Based on financial need, Highland Academy will match contributions made to a student's account from a Seventh-day Adventist church up to \$2000 annually.

### Financial Aid Requirements

1. **Applied:** A student must have **applied** and been **accepted** as a student at Highland Academy.
2. **Citizenship:** Students are expected to maintain **good citizenship**.
3. **Scholastic Performance:** To be eligible for financial aid a student must have and maintain a minimum grade point average of **2.0 (C)** or its equivalent from the previous semester in school. New students are required to submit a current **transcript**. Grade point averages will be reviewed at the end of each semester.
4. **Student Labor:** Students are expected to participate fully in our **student labor** program to maximize student earnings for tuition. **Additionally, students should plan to work during the summer.**
5. **Parent/Guardian participation:** All families are required to pay some amount on the student's account each month as outlined in the financial agreement. **A written financial agreement must be signed and in our files before financial aid can be distributed.**

6. **Returning students:** Returning students are required to submit an **essay / thank you** letter as part of their application for financial aid due by April 15<sup>th</sup>.
7. **Church aid:** Our program encourages support by the local church. If applicable, please have the pastor or appropriate church officer sign the **Church Sponsorship** Matching Assistance Form.
8. **Application Deadline:** Completed applications are requested by **April 15<sup>th</sup>** and will be given first consideration. Applications received after April 15<sup>th</sup> will be processed in order of their arrival.
9. **Applications must be complete.** Please make sure you **fill in** how much you are able to commit on a monthly basis to the student's account.
10. **Tax Return:** A current **tax return** (Form 1040) is required.

Completed applications can be mailed to:

"Financial Aid"  
Highland Academy  
211 Highland Circle Drive  
Portland, TN 37148-4918

Financial Aid Checklist:

- Parent / Guardian Application for Financial Aid
- Parent / Guardian tax return (form 1040)
- Church Sponsorship Matching Assistance Form
- Student Transcript from current school (New Students)
- Student Essay / Thank you letter (Returning Students)



**PARENT/GUARDIAN APPLICATION FOR FINANCIAL AID**

211 Highland Circle Dr. Portland, TN 37148  
P | 615-325-2036 F | 615-325-4824

**All blanks must be filled in as completely as possible. Please print!**

STUDENT(S) NAME(S):	
FATHER'S NAME:	MOTHER'S NAME:
ADDRESS:	EMAIL AND PHONE #:
WHO IS RESPONSIBLE FOR APPLICANT'S FINANCIAL SUPPORT?	ADDRESS, if different than parents:
IS THE APPLICANT CURRENTLY RECEIVING ANY OTHER TYPE OF SCHOLARSHIP OR FINANCIAL AID? Please list source(s) and amount(s).	
SOURCE	AMOUNT
<input type="checkbox"/> No <input type="checkbox"/> Yes: Local Church: _____	_____
<input type="checkbox"/> No <input type="checkbox"/> Yes: Other Family: _____	_____
<input type="checkbox"/> No <input type="checkbox"/> Yes: Other: _____	_____

FATHER'S NET* INCOME: Monthly	Annually	FATHER'S OCCUPATION:	FATHER'S EMPLOYER:	DURATION OF EMPLOYMENT:
MOTHER'S NET* INCOME: Monthly	Annually	MOTHER'S OCCUPATION:	MOTHER'S EMPLOYER:	DURATION OF EMPLOYMENT:

\*Net income is defined as gross income less employment taxes.

ADDITIONAL FAMILY INCOME (i.e. Social Security, child support, VA benefits, ...)	SOURCE(S):
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OTHER DEPENDENT INFORMATION:			
Name of Dependents	Age	School Attending	Monthly Tuition

DESCRIBE ANY SITUATION THAT HAS FINANCIALLY IMPACTED YOUR FAMILY:

**ON A MONTHLY BASIS, HOW MUCH MONEY ARE YOU ABLE TO COMMIT TO THE STUDENT'S ACCOUNT? \$** \_\_\_\_\_

**\*\*\*\*This MUST be filled in to receive consideration for financial aid\*\*\*\***



Parent's Initials

I agree to the following stipulations for financial aid:

\_\_\_\_\_ Students are expected to maintain good citizenship. Disciplinary action may result in a loss of Financial Aid.

\_\_\_\_\_ Students will participate in the student work program at Highland Academy and will use funds earned from this employment to meet the student labor commitment in the Financial Plan.

\_\_\_\_\_ The student must maintain a minimum cumulative grade point average (GPA) of 2.0 (C). GPAs will be reviewed at the conclusion of each semester. Failure to maintain the minimum GPA may result in loss of financial aid.

\_\_\_\_\_ I give permission for Highland Academy to discuss items relating to the student's account with those listed as additional supports, including churches and donors.

\_\_\_\_\_ I understand that I am fully responsible for any additional costs incurred during the school year including class dues, trip charges, loss of financial assistance, shortage of student labor estimates, and/or any miscellaneous expenses that accrue throughout the year.

\_\_\_\_\_ I understand that if for any reason I am unable to keep this agreement that financial assistance from Highland Academy may be terminated, and that I will be fully responsible for the remainder of the expenses owed to Highland Academy.

I certify that all information supplied is honest and accurate to the best of my knowledge.

**X** \_\_\_\_\_  
DATE

**x** \_\_\_\_\_  
SIGNATURE OF APPLICANT PARENT/GUARDIAN

Could you provide Highland Academy with 3-5 names and contact information of people who might partner with us in praying for financial support for your student?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_



**CHURCH SPONSORSHIP MATCHING ASSISTANCE FORM**

211 Highland Circle Dr. Portland, TN 37148  
 P | 615-325-2036 F | 615-325-4824

**Students and Parents – Please submit and return approved forms by April 15<sup>th</sup> to receive first consideration.**

Dear Pastor / Church Board,

\_\_\_\_\_ (Student Name) is applying for the “Church Sponsorship Matching Assistance” program at Highland Academy for the 20\_\_\_\_ - 20\_\_\_\_ school year. In this program, Highland Academy will attempt to match the amount pledged by my church up to \$2000.

Thank you for your consideration. Please kindly inform us as to the decision of the church board at your earliest convenience.

Sincerely,

\_\_\_\_\_  
 Student: Parent: Date:

**Pastor / Authorized Church Official – Please complete and return to student family**

Church Name:		
Name of Authorized Church Official:		Title:
Amount of Church Sponsorship: \$_____ per month \$_____ per semester \$_____ per year		
Would you like to be billed?		
Church Address: Street		
City:	State:	Zip
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>X</b> _____ Signature of Authorized Church Official</p> </div> <div style="width: 45%;"> <p><b>X</b> _____ Date</p> </div> </div>		

FOR OFFICE USE ONLY:  
 Date Application Rcvd: \_\_\_\_\_