

MADISON CAMPUS ELEMENTARY/MADISON ACADEMY

2020-2021 APPLICATION FOR

TUITION ASSISTANCE

Madison Campus Elementary/Madison Academy knows the eternal impact a Christian education has on a young person. That is why we are committed to making Adventist education affordable. Our Tuition Assistance funds come from a variety of individuals, businesses, and foundations, with an interest in investing in young people who desire an Adventist Education. In order to be considered for these funds, the family must complete this application packet in its entirety and provide **all** requested documentation by **April 1, 2020. This deadline is imperative** as funds are limited and will be awarded to **qualifying** students on a first-come, first-served basis, pending available funds. **There is no guarantee of funds if the application is submitted after the deadline.**

APPLICATION PROCESS AND CHECKLIST

Please review the required items and use the checklist below to ensure you have completed each important component of the application process.

- Tuition Assistance Application Form - Complete
- Parent/Guardian Expectations & Acknowledgement - Read, initial, and sign
- Parent/Guardian Monthly Income and Expense Report
- Student Employment Self-Reflection - Complete (MA ONLY)
- Student Expectations and Employment Commitment Form - Read, initial sign (MA ONLY)
- Income Verification - Submit a copy of the current year's 1040 and W-2 forms for all adults living in the household.
- New Families - Schedule and attend a meeting with the Business Manager to discuss and/or create a financial plan.

Scheduled Date: _____ Time: _____ AM/PM

- Then, look for email from administration documenting the Tuition Assistance awarded.

If you need assistance, please contact Michelle Jones, Business Manager at 615.865.4575 (MCE), 615.868.4055 (MA) or mjones@mcesda.org, mjones@madisonacademy.com

MADISON CAMPUS ELEMENTARY/MADISON ACADEMY
 2020-2021 APPLICATION FOR
 TUITION ASSISTANCE
Deadline: April 1, 2020

Office Use Only:
Date Rec: _____
% Match: _____

Student Name:		Grade Entering:	
Student Name:		Grade Entering:	
Student Name:		Grade Entering:	
Address:		City:	St: Zip:
# Children in household	# Students at MCE/MA	# Students at Other Schools (List school name)	
Parent/Guardian:		Relationship:	Phone:
Parent/Guardian:		Relationship:	Phone:
Best Email(s) for Communication:			
On a monthly basis, what is the amount you are able to commit to the student's account?			
MA \$		MCE \$	

STATEMENT OF CONSIDERATION:

Describe any situation(s) that has/have financially impacted your family about which the student scholarship committee should be aware as they consider this application.

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PARENT / GUARDIAN EXPECTATIONS AND ACKNOWLEDGEMENT

By completing and returning the application materials, I/we, the parent(s)/guardian(s), am/are acknowledging that I/we wish to apply for student work-matching tuition assistance funds and that I/we:

(Initial each)

- _____ 1. Understand that ALL the documentation required must be submitted by the deadline in order to be considered for assistance. I/we further understand that the limited funds will be awarded to qualifying students to the degree that funds are available and that applications submitted after the deadline have **no guarantee** of consideration or available funding.
- _____ 2. Understand that assistance is based on a sliding scale that does not exceed 50% of tuition.
- _____ 3. **Am/are responsible for the entire tuition and fees minus any tuition assistance that is applied.** The family must pay the full balance of the student account on a monthly basis. The monthly statement will show tuition and fees, as well as tuition assistance and any other credits. The Tuition Assistance funds CANNOT be distributed unless the family payments are made.
- _____ 4. I have read and understand the policy for delinquent accounts as outlined in the MCE/MA Handbook.
- _____ 5. Agree to provide the necessary income verification forms (the current year's 1040 and W-2 forms for all adults living in the household).
- _____ 6. Agree to allow Madison Campus Elementary to make all information provided available to the committee determining the eligibility and understand that the information will be held in the strictest of confidence.
- _____ 7. Agree to comply with all requirements of any funds awarded, including the release of attendance, and grade reports to the committee, both prior to and after the awarding of any tuition assistance funds.
- _____ 8. Understand that if a student withdraws from school and has a credit balance, the tuition assistance program will be reimbursed for that credit.
- _____ 9. Agree to participate in the PFE Program while receiving tuition assistance. **(MCE ONLY)**

ACKNOWLEDGEMENT:

I have read and agree to the Parent/Guardian Expectations and Acknowledgements as stated on the application form and certify that all the information supplied in this application is honest and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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PARENT / GUARDIAN MONTHLY INCOME AND EXPENSE REPORT

Please list all monthly income and expenses. Use back of page if necessary.

Income Source	Monthly Amount	Notes
Total Income		
Expense	Monthly Amount	Notes
Total Monthly Expenses		

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STUDENT EMPLOYMENT SELF-REFLECTION (PER STUDENT)

Student Instructions: Reflect on these questions and write a thoughtful answer.

1. Other than helping defray the cost of tuition, why is it valuable to work?
2. Why is it important to show up to work according to your schedule and on time?
3. How will you keep yourself accountable to follow your schedule?
4. Who will keep you accountable to keep your schedule? What are some methods they could use?
5. What are valid reasons to miss work?
6. What are invalid reasons to miss work?
7. If you are not able to make it to work what should you do?
8. What are some rewards you will make for yourself for meeting your work obligations?

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STUDENT EXPECTATIONS AND EMPLOYMENT COMMITMENT (PER STUDENT)

By submitting the application materials, I, the student and my parent/guardian at Madison Academy, acknowledge that we wish to apply for student work-matching tuition assistance funds and that we:

(Initial each number)

Student Parent

- | | |
|-------|---|
| _____ | 1. Must work on or off campus in order to qualify for the scholarship funding. |
| _____ | 2. Will be on time to work as long as it is within my power to do so. I will work all of the hours I am permitted to work by the school or my employer (if other than MA). |
| _____ | 3. Will commit all my earning (less attendance bonus) to my school account for as long as I am receiving financial support. ("Cash Day" receipted will receive the match.) |
| _____ | 4. Will, if I work off campus, furnish copies of my employee check stubs as documentation. |
| _____ | 5. Understand that students who work the ASSIST Program are not eligible for this assistance because their hourly-rate has already been matched and is therefore already significantly higher. |
| _____ | 6. Understand that matching funds are only applied to actual hours worked. If I do not work for ANY reason (illness, family situation, school trips) the missed hours are NOT matched. |
| _____ | 7. Understand that I must have a minimum GPA of 2.0, less than 25 attendance points, and less than 15 citizenship points in the previous quarter to qualify and must maintain these standards to continue the use of matching funds. |
| _____ | 8. Understand that I must not be late, absent, or leave early from work more than three times in a month without proper communication to the supervisor. This includes communication of school events. If attendance becomes an issue, the student will not qualify for a match that month and could lose the scholarship entirely. |

SIGNATURES:

Student Signature: _____ Date: _____

I have read and agree to the above agreement and information, and as a parent of the above named student, I support and agree to the commitments made by him/her. I will do my part to ensure that my student meets all employment obligations and that all earnings are applied to the school account.

Parent/Guardian Signature: _____ Date: _____