

# FRASER VALLEY ADVENTIST ACADEMY

## 20 -20 FINANCIAL APPLICATION

(Domestic)

Family Name: .....

### Students

Students covered on this account:

(\* to calculate the applicable **family discount**, please list students in DESCENDING order by grade)

| LAST Name, FIRST Name                                                            |  | Grade | Reg. Fee | Tuition | %Discount* | VSTA | Total <b>Monthly</b><br>Fee |
|----------------------------------------------------------------------------------|--|-------|----------|---------|------------|------|-----------------------------|
|                                                                                  |  |       |          |         | 0%         |      |                             |
|                                                                                  |  |       |          |         | 15% ( )    |      |                             |
|                                                                                  |  |       |          |         | 25% ( )    |      |                             |
|                                                                                  |  |       |          |         | 100% ( )   |      |                             |
|                                                                                  |  |       |          |         |            |      |                             |
| Total Monthly Fees                                                               |  |       |          |         |            |      |                             |
|                                                                                  |  |       |          |         |            |      |                             |
| Annual Class Fee(s) (if applicable; see Financial Information sheet for details) |  |       |          |         |            |      |                             |

Please note, for each student receiving tuition assistance or scholarships, we are required by law to have the student's Social Insurance Number on file.

| Name | Social Insurance Number (S.I.N.) |
|------|----------------------------------|
|      |                                  |
|      |                                  |
|      |                                  |
|      |                                  |
|      |                                  |

### Office Use

General Fee Paid:

Date: ..... Amount: ..... Rec. No: ..... Init.: .....

# Account

Father's First Name: ..... Last Name: .....

Mother's First Name: ..... Last Name: .....

Legal Guardian (if applicable): .....

Person Responsible for Account/Tuition: ..... / .....  
please print name signature

Current Mailing Address: .....

Phone #: ..... Email: .....

**Rate:** ☐ Non-constituent church member  
☐ SDA Constituent church member - Membership held at: .....

**Method of Payment:** ☐ Credit Card ☐ Pre-authorized VISA/MC ☐ Pre-authorized Debit\*

Credit Card: ☐ VISA ☐ MC # .....

Exp: \_\_\_\_ / \_\_\_\_ CVV#: .....

Signature: ..... X Date: .....

\*If paying with Pre-authorized Debit please fill out, SIGN, and submit the green form with a void cheque attached to it.

# Tuition Assistance

Please note, previous year's income tax assessment for each parent MUST be uploaded to application website.

I am requesting to pay the following amount each month for tuition: \$ .....

To apply for tuition assistance, visit [www.fvaa.net](http://www.fvaa.net). A nominal US fee will be required when applying.

**IMPORTANT!** Please note that due to a limited amount of funds, the amount of financial assistance granted may not match the amount requested. Tuition assistance is granted based on income that fits within the FVAA Board Guidelines. Registration fees are NOT covered by assistance monies and must be paid by the family.

## Fraser Valley Adventist Academy

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AS - 01/21