

WHAT YOU SHOULD KNOW BEFORE YOU APPLY FOR TUITION ASSISTANCE

Our Tuition Assistance Program is biblically-based from Matthew 25:34-40 & Proverbs 22:6.

To be considered for tuition assistance we ask that you:

- **Have been attending Valley regularly for at least the past six months.**
- **Are active as a volunteer at Valley, have kids in any of our kids' ministry programs, or are actively participating in one of Valley's ministries.**

Restrictions:

- **To be used for tuition.**
- **Approval for assistance is only valid for the current academic year, 2025/2026.**
- **You must reapply each academic year that tuition assistance is needed. Checks**
- **will be made out to the school you specify in your application.**

Please email the completed Tuition Assistance Application Form to office@valleysda.com.

Applications received during the pre school term window (June 28 - July 16, 2025), will be processed by July 31, 2025. All other applications will take 4+ weeks to process. You will be notified by email of the outcome of your application.

Parent Information

Name (First & Last)

Email

Phone (Cell)

Phone (Home)

Address

City, State ZIP

Association With Valley

How long have you attended Valley Seventh-day Adventist Church?

Where are you connected at Valley Seventh-day Adventist Church? (ministry you're involved in, etc.)

Name of child for which you are requesting tuition assistance.

Name (First & Last)

Age

Grade Starting

School Information

School Name

School Address

School City, State ZIP

To whom should the check be made payable?

Please specify any reference number or account information needed to ensure funds are applied to the correct student.

Request Details (Please attach a copy of the bill for tuition.)

Have you read the attached "What you should know before you apply for Tuition Assistance."?

☐ Yes ☐ No

Are you currently receiving Tuition Assistance from any other organizations?

☐ Yes ☐ No

Have you requested Tuition Assistance from Valley in the past?

If Yes, Approximate Date

☐ Yes ☐ No

Duration of assistance required

☐ Monthly for the entire Academic Year

Total Annual Tuition Amount

Amount you can pay monthly

Due Date

\$

\$

☐ For a specific month(s)

Specify month(s)

Requested Amount

Due Date

\$

Briefly describe what has happened, or the situation resulting in this need.

Additional Information

For Office Use Only

