

Auburn Seventh-day Adventist Church
Student Tuition Assistance Program
Policy, Application Process, & Application
School Year - 2026 - 2027

GENERAL POLICY

The purpose of this policy is to provide Seventh-day Adventist Christian education to students from the Auburn Seventh-day Church that wish to attend Pine Hills Adventist Academy, who otherwise would not receive a Christian education due to financial hardship. Applications for assistance to other Seventh-day Adventist schools or other Christian schools will not be considered. (See addendum to the policy for an exception for matching grants to Seventh-day Adventist universities.)

Each family has primary responsibility for their child's education and as a church we are committed to assisting to help one another. Christian education is a commitment, from the parents, school, and church; it bears fruit for eternity.

By this we hope to communicate the value and dignity of work and the value of working together. We encourage work opportunities for all students who are of age to do so.

Thank you for caring enough about your children and their future to apply for student tuition assistance. We are here to assist and to help you. If you have questions, please contact, the senior pastor, finance committee chair, or student assistance coordinator.

Voted by the Church Board - September 17, 2001

Updated by the Finance Committee - August 19, 2002

Updated by the Finance Committee - June 16, 2003

Updated by the Finance Committee - April 2024

Updated by the Finance Committee - November 2024

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GENERAL ELIGIBILITY REQUIREMENTS

1. Church Membership - We ask that church membership be held at the Auburn Seventh-day Adventist Church by at least one parent/guardian for six months prior to applying for Student Tuition Assistance. An exception is provided for new members who have joined the church through baptism or profession of faith.
2. The family obligation to Pine Hills Adventist Academy must be kept current and up to date.
3. This program is available only to students attending Pine Hills Adventist Academy.
4. The student and parent/guardian must regularly attend the Auburn Seventh-day Adventist Church and Sabbath School. (Regular attendance is defined as at least two times per month.)
5. The student and parent/guardian must be active members in good standing.
6. The student and parent/guardian shall contribute to the support of the Auburn Seventh-day Adventist Church with their Tithes and Offerings.
7. The student must maintain an academic GPA of "C" or better for each quarter.

While the applicant is required to meet the eligibility criteria to participate in the program, satisfying the eligibility criteria does not guarantee financial assistance. The Finance Committee and Church Board will make the final decision in the regard.

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COMPLIANCE

It is responsibility of the student's parent/guardian to monitor compliance with the eligibility criteria, and to take corrective action if necessary.

The Finance Committee can if needed request from the school a written record of the student's GPA and account status.

NON-COMPLIANCE

If the Finance Committee becomes aware of consistent non-compliance with the eligibility criteria, it has the option to suspend or discontinue student assistance.

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APPLICATION PROCESS

1. Obtain copy of the Student Assistant Policy and Application Form from the Church Office.
2. Please fully complete and sign the application form. Incomplete applications will not be processed by the Finance Committee.
3. The Application Form includes the following:
 - a. Application certification page - Attachment A
 - b. Account Balance Verification Form for Pine Hills Adventist Academy - Attachment B
 - c. Parent/guardian demographic forms - Attachment C - Pages 1, 2, & 3
 - d. Summary of aid requested for each student - Attachment D.
 - e. A copy of your most recently completed and filed Federal Tax Return. **The first two pages only.** Following completion of the review of the application, copies of the tax returns will be destroyed.
4. Please return completed forms to the Church Office, Monday-Thursday, 10:00am to 3:00pm, or mail to Auburn Seventh-day Adventist Church, PO Box 5590, Auburn, CA 95604, or e-mail to the Church Office at office@aubstda.net, or e-mail to the Student Tuition Assistance Coordinator, James Brewster at jamesbrewster37@gmail.com.
5. The Student Assistance Applications will be reviewed by the Finance Committee and a recommendation forwarded to the Church Board. Upon approval by the Church Board the parent/guardian will be notified of the results of the review.
6. Application for the upcoming school year will need to be completed and returned by May 15, 2026. Applications received after this date will be reviewed and funds granted only if funds are available.
7. All information will be held in confidence by the Finance Committee and will not be shared with the Church Board.

**Auburn Seventh-day Adventist Church
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Attachment A
Signature and Certification**

I have read the Student Tuition Assistance Policy of the Auburn Seventh-day Adventist Church and I agree to abide by all the provisions stated in the policy. I certify that the information provided is correct to the best of my knowledge. I authorize Pine Hills Adventist Academy to release GPA or financial account information to the Auburn Seventh-day Adventist Church Student Assistance Coordinator.

Parent/Gaurdian Signature

Print Name

Please return this form when complete.

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Attachment B

Account Balance Verification Form and Authorization

I certify that (student/s) _____ was/were enrolled at Pine Hills Adventist Academy for the school year _____.

The student/s account balance is:

_____ Up to Date

_____ delinquent

For delinquent accounts only:

Is there a plan in place to bring the account up to date. Y or N

School Bookkeeper Signature

Parent/Guardian Signature

Please return this form when complete

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Attachment C - Part 1**

Parent/guardian demographic and financial information

Name of parent/guardian _____

Address _____

Telephone _____

e-mail _____

Name/s of student/s _____

Occupations: Father _____ Mother _____

Place of Employment: Father _____

Mother _____

Estimated Annual Gross Income

(Please attach copy of pages 1 & 2 from the most recent Federal Income Tax Return)

Father _____ Mother _____ Student/s _____

Other sources of Income or student financial support such as monetary assistance from family friends, child support, disability, alimony, unemployment, food stamps, AFDC, SSI. List source and amount

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this form when complete

**Auburn Seventh-day Adventist Church
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Attachment C - Part 2**

Parent/guardian demographic and financial information

Average Monthly expense budget by category:

Tithe and Offerings	\$ _____
Housing	\$ _____
Food	\$ _____
Automobile	\$ _____
Utilities	\$ _____
Medical	\$ _____
Clothing	\$ _____
Tuition	\$ _____
Entertainment	\$ _____
Taxes	\$ _____
Other: Please specify	
	\$ _____
	\$ _____
	\$ _____

Total Monthly Expenses	\$ _____

Please return this form when complete

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Attachment C - Part 3**

Parent/guardian demographic and financial information

Is there other financial information that you would like to share to help us understand your situation? Please describe below or continue on reverse of form.

Do you have children attending Seventh-day Adventist Universities?

The Northern California Conference and Pacific Union at times provide scholarships to assist families with tuition. Have you applied for any assistance to the Northern California Conference or the Pacific Union? If so, please describe below.

Please return this form when complete

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Attachment D
Summary of Requested Aid by Student**

Student 1

Name _____ Grade _____ Age _____

Registration Fee \$ _____ Annual Tuition \$ _____ Total \$ _____

Scholarships/grants from other sources per month \$ _____

Family Contribution **per month** for 10 months \$ _____

Assistance Requested **per month** for 10 Months \$ _____

Student 2

Name _____ Grade _____ Age _____

Registration Fee \$ _____ Annual Tuition \$ _____ Total \$ _____

Scholarships/grants from other sources per month \$ _____

Family Contribution **per month** for 10 months \$ _____

Assistance Requested **per month** for 10 Months \$ _____

Please return this form when complete

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Summary of Requested Aid by Student**

Student 3

Name _____ Grade _____ Age _____

Registration Fee \$ _____ Annual Tuition \$ _____ Total \$ _____

Scholarships/grants from other sources per month \$ _____

Family Contribution **per month** for 10 months \$ _____

Assistance Requested **per month** for 10 Months \$ _____

Student 4

Name _____ Grade _____ Age _____

Registration Fee \$ _____ Annual Tuition \$ _____ Total \$ _____

Scholarships/grants from other sources per month \$ _____

Family Contribution **per month** for 10 months \$ _____

Assistance Requested **per month** for 10 Months \$ _____

Please return this form when complete