

**GEM STATE ADVENTIST ACADEMY
REQUEST FOR LOCAL CHURCH SUPPORT**

GSAA Student Name: _____

Member Making Request (Student's Parent/Guardian): _____

Church Name: _____ Phone: () _____ - _____

Church Address: _____

Church Treasurer email address: (please print clearly): _____

INFORMATION BELOW FOR CHURCH USE ONLY

(To be completed by Pastor, Head Elder or Church Treasurer)

Local Church Authorization:

This certifies that, at a duly called board meeting of our church, held on _____,
a student aid appropriation in the amount of \$_____ was voted for this student.

The appropriation will be remitted to Gem State Adventist Academy:

Monthly Church Support \$_____.__ (x 10 payments) = Annual Support of \$_____.__

Monthly Church Support \$_____.__ (x 12 payments) = Annual Support of \$_____.__

By Semester \$_____.__ (x 2 payments) = Annual Support of \$_____.__

One lump sum payment \$_____.__

_____ Date _____
Pastor's / Head Elder's Signature

_____ Date _____
Church Treasurer's Signature

Pastor/Head Elder or Treasurer, please send this completed form to Gem State Academy as soon as the church board has taken the necessary action. We would also appreciate knowing of any denied requests. Many families need extra help beyond our limited student aid scholarships. Thank you for considering this family's request.

Gem State Academy Business Office
16115 S Montana Ave
Caldwell ID 83607-8365
(208) 459-1627 x 144
chastings@gemstate.org
(208) 454-9079 fax