



509-245-3618
 business.office@ucaa.org
 3025 E. Spangle Waverly Rd.
 Spangle, WA 99031

FAMILY REQUEST FOR LOCAL CHURCH SUPPORT

SECTION ONE: Parents or Guardians, complete section one prior to submitting this request to your local church

Student Name: _____ **School Year:** _____

Student is applying to be: Day Student Extension Student Part-Time Dorm Student Full-Time Dorm Student

Church Member Requesting Support: _____
 (parent/guardian)

Church Name: _____ **Church Phone:** _____

Note: UCA will match the financial aid provided by a local church, up to a maximum of \$1,500 for day students, \$2,000 for extension students, \$2,500 for part-time dorm students, and \$3,000 for full-time dorm students. Matching scholarships are based on student financial need and the availability of funds.

CHURCH USE ONLY

SECTION TWO: To be completed by Church Pastor, Head Elder, or Church Treasurer

Local Church Authorization

This certifies that the church board approved a student aid appropriation in the amount of \$ _____

Church Signature: _____ Date: _____

Funds will be remitted to Upper Columbia Academy by:

Monthly Church Support \$ _____ (x ____ payments) = Annual Support of \$ _____

Semester Payments \$ _____ (x 2 payments) = Annual Support of \$ _____

One Payment in full of \$ _____

Check Enclosed

Please send invoices and statements to our church treasurer

Church Treasurer Name: _____

Church Treasurer Email: _____

Church Mailing Address: _____

NOTE to Pastor, Head Elder, or Church Treasurer: Please send the completed form to UCA as soon as the church board has taken the necessary action, including any denied requests. Due to tax laws and conference policy, the church portion of the aid cannot be paid by the parents/guardians or students. Applications for church matching aid are due annually by August 1st.

Many families need extra help beyond our available student aid funds. Thank you for considering this family's request.