



# Union Springs Academy

*Your Future Starts Now*

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Ext. 103 – Accountant  
Ext. 109 – Accountant Assistant

**YEAR**  
**2021-2022**



## FINANCIAL NEED SCHOLARSHIP APPLICATION

### Student Information

Student: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Applying to be a: ☐ Boarding HS ☐ Day HS ☐ Online HS student

DOB# \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ If International, A# \_\_\_\_\_

SDA Member: ☐ Yes ☐ No If Yes, Date of Baptism: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ever rebaptized: ☐ Yes ☐ No

Local SDA Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Pastor's Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Pastor's Email: \_\_\_\_\_

### Parent / Guardian Information (1)

Parent / Legal Guardian (1): \_\_\_\_\_  
LAST NAME FIRST AND MIDDLE NAMES

SSN# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB# \_\_\_\_ / \_\_\_\_ / \_\_\_\_ If International, A# \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

SDA Member: ☐ Yes ☐ No If Yes, Date of Baptism: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ever rebaptized: ☐ Yes ☐ No

Local SDA Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Pastor's Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Pastor's Email: \_\_\_\_\_

### Parent / Guardian Information (2)

Parent / Legal Guardian (2): \_\_\_\_\_  
LAST NAME FIRST AND MIDDLE NAMES

SSN# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB# \_\_\_\_ / \_\_\_\_ / \_\_\_\_ If International, A# \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

SDA Member: ☐ Yes ☐ No If Yes, Date of Baptism: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ever rebaptized: ☐ Yes ☐ No

Local SDA Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Pastor's Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Pastor's Email: \_\_\_\_\_

## Family Financial Information

In order to determine how much financial aid a student is eligible for; we need to know the current financial situation of the family so we can determine the amount of scholarship that can be awarded to the student if any. Therefore, parents/guardians, please fill out the table below with the information requested and provide a copy of the following documents:

1. Form 1040
2. Copy of two last pay stubs
3. Copy of two last primary bank statements

CURRENT FINANCIAL SITUATION OF THE FAMILY							
Current Monthly Income/Earnings				Current Monthly Debt/Payments			
Item	Parent 1	Parent 2	Total	Item	Parent 1	Parent 2	Total
Salary/Wages				Mortgage/Rent			
Social Security				Utilities			
Military Pay				Insurances			
Pension				Credit Cards			
Retirement				Car Payments			
Investment				Other Loans			
Alimony				Medical Bills			
Rental				Taxes			
Unemployment				Tithe			
Misc. Income				Misc. Expense			
Total				Total			

The information provided above is true and accurate to the best of my knowledge. I realize that providing false information may result in forfeiture of all financial aid and denial of admission to the school. I understand that if I no longer need financial aid due to improvement in my financial circumstances, I will inform the Union Springs Academy right away, and my aid will be adjusted accordingly.

Parent/Guardian 1

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian 2

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### OFFICE USE ONLY

Financial Need Scholarship Awarded: \_\_\_\_\_