

APPLICATION for WORTHY STUDENT FUNDS for SDA EDUCATION  
 Chehalis SDA Church Worthy Student Fund  
 PO Box 1263, Chehalis, WA 98532 (Fax 360-740-0541)

Please turn in this completed application to the Worthy Student Fund Committee by sending it to committee head, Karen Kugel, or the church secretary, treasurer, or pastor. The committee will keep all information confidential. Funds will distributed as available for SDA education only. Each applicant's situation is carefully considered.

Date of Application	School Year Funds Needed			
(1) Student's Name	Home Church (if any)	Grade	\$ _____ Registration Fee	\$ _____ Monthly Tuition
(2) Student's Name	Home Church (if any)	Grade	\$ _____ Registration Fee	\$ _____ Monthly Tuition
(3) Student's Name	Home Church (if any)	Grade	\$ _____ Registration Fee	\$ _____ Monthly Tuition
(4) Student's Name	Home Church (if any)	Grade	\$ _____ Registration Fee	\$ _____ Monthly Tuition

Parent or Other Person Requesting Funds	Parents (If Not listed Adjacent)
Address of Applicant	Address
Phone	Home Church (if any)
Relationship to Student	

Please briefly state the reason for your need: \_\_\_\_\_  
 \_\_\_\_\_

Amount of total monthly tuition parent or other listed above can pay: \$ \_\_\_\_\_/month (Your commitment)

Amount of total registration fees parent or other listed above can pay: \$ \_\_\_\_\_ (Your commitment)

Other amounts parent or other can pay, if any: \$ \_\_\_\_\_ (Your commitment)

Is/Are the student(s) willing to work if opportunity is available? \_\_\_\_\_ Yes \_\_\_\_\_ No

Total Can Pay

**Committee Use Only :**

Amount committed by the Chehalis SDA Church: \$ \_\_\_\_\_ monthly or \$ \_\_\_\_\_ annually

Date committed: \_\_\_\_\_