FRASER VALLEY ADVENTIST ACADEMY

2023-2024 FINANCIAL APPLICATION

(Domestic)

Family Name:

LAST Name, FIRST Name	Grade	Reg. Fee	Tuition	%Discount*	VSTA	Total Monthly Fee
				0%		
				15% ()		
				25% ()		
				100% ()		
Total Monthly Fees		'		•		
	ing tuition a	ssistance or s	cholarships,	we are required by	/ law to ha	ave the student
ease note, for each student receivocial Insurance Number on file. Name	ing tuition a	ssistance or s	cholarships,	we are required by		ave the student
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ocial Insurance Number on file.	ing tuition a	ssistance or s	cholarships,			ave the student

Account					
Father's First Name:	Last Name:				
Mother's First Name: .	Last Name:				
Legal Guardian (if appl	licable):				
Person Responsible for	r Account/Tuition:/				
Current Mailing Addre	ss:				
Phone #:	Alternate Phone #:				
Rate:	 □ Non-constituent church member □ SDA Constituent church member - Membership held at: 				
Method of Payment:	☐ Credit Card ☐ Pre-authorized VISA/MC ☐ Pre-authorized Debit*				
	Credit Card: VISA MC #				
	Exp: / CVV#:				
	Signature: Date:				
*If paying with Pre-authorized Debit please fill out, <u>SIGN</u> , and submit the green form with a void cheque attached to it.					

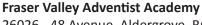
Tuition Assistance

Please note, previous year's income tax assessment for each parent MUST be uploaded to application website.

I am requesting to pay the following amount each month for tuition: \$_____

To apply for tuition assistance, visit www.fvaa.net. A nominal US fee will be required when applying.

IMPORTANT! Please note that due to a limited amount of funds, the amount of financial assistance granted may not match the amount requested. Tuition assistance is granted based on income that fits within the FVAA Board Guidelines. Registration fees are NOT covered by assistance monies and must be paid by the family.



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