



Salina Christian Academy

1009 Highland Ave., Salina, KS 67401
Phone: 785-452-9929 Fax: 785-825-2506

Request for Financial Aid

Date Submitted: _____

Name: _____ Child's Name/Grade(s) _____

Address: _____

Phone: _____

Name of your church: _____ Are you a member? Yes No

Name of your Pastor: _____

How many years have
your children attended SCA? _____

Have you applied for
Financial Aid before? Yes No

Total family income ANNUALLY:

Father _____

Mother _____

Other _____

Total _____

Additional income resources:

Comments or additional information:

List past SCA volunteer efforts:

Please attach a copy of your family budget (total monthly bills and monthly income) and the first page of your W2's to this request.

All financial aid is handled through the SCA Pastoral Advisory Committee. Please submit this form to the school office by June 1st for the Committee's consideration.

Signature of Applicant

"Putting Christ at the Heart of Education"