

COLUMBIA ENDWOMENT FUND  
CHRIST \* EDUCATION \* FAMILY

---

APPLICATION FOR FINANCIAL ASSISTANCE

DATE \_\_\_\_\_

STUDENT \_\_\_\_\_

GRADE 9 10 11 12

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

I am applying for financial assistance for the student named above at Columbia Adventist Academy for the \_\_\_\_\_ school year.

I understand than an unsatisfactory work grade, an attendance grade less than a C, or dismissal from school will disqualify my student for financial aid.

Columbia Adventist Academy may give to the Board of Directors of the Columbia Endowment Fund, at its request, information to verify my student's eligibility and financial need.

\_\_\_\_\_  
Signature of parent/guardian

---

PLEASE RETURN THIS COMPLETED FORM TO THE  
CAA FINANCE OFFICE