

REQUEST FOR CHURCH SCHOOL SUBSIDY

(Submit to the Church office or Treasury)

Name of the Parent/s _____

Student Name: 1. _____ Grade: _____ School: _____

Student Name: 2. _____ Grade: _____ School: _____

Student Name: 3. _____ Grade: _____ School: _____

Parent(s)' Declaration

I/We request that school subsidy be granted for my/our child/children for the school year 2020/2021.

We are regular members of SASDAC and along with our children attend Sabbath School and Church Services.

We are faithful stewards and return our tithes and give free will offerings to this church.

Parent (s) Name: _____

Signature: _____ Date: _____

Upon verification with the church clerk and church treasury, an authorization letter will be sent to the Adventist institution your child/ren are enrolled.

For Office Use

Committee Action No. _____ Date: _____