



MAPLEWOOD ACADEMY

700 Main St. North
Hutchinson, MN 55350

Church Matching Financial Aid Program Application

Date: _____

To the Church Board,

I, _____ (student name) am applying for the Church Matching Program at Maplewood Academy. This program is a scholarship fund which matches funds given by a local church for a student's education up to \$2,000 for dormitory students per school year or up to \$1,000 for non-dormitory students per school year based on financial need.

I request that the Board consider helping fund my tuition expenses for the 2023-2024 school year.

Thank you for your consideration,

Student: _____ Parent: _____

Church Commitment

Dear Church Board,

Please complete and return this page to the family making the request and mail a copy to the address at the top of the page OR send a digital copy to the Vice Principal of Finance at Maplewood Academy vpf@maplewoodacademy.org when a decision is made.

Thank you for helping make a Seventh-day Adventist education more accessible!

Amount: _____ Date: _____

Signatures (BOTH REQUIRED):

Pastor: _____ Contact Info: _____

Treasurer: _____ Contact Info: _____

Church Name: _____ City: _____ State: _____