## **Shenandoah Valley Academy**

## Two-Way Church Matching Aid Program

## 2025-2026

SVA will match up to \$1,500 (community students - \$750) in financial aid received by the local church of students attending this school. Through the Two-way Church Matching Aid Program, students may receive a total of up to \$3,000 (\$1,500 for community students) in financial aid. Some churches provide more than the amount matched by SVA to assist their students.

This portion is to be filled out by the student applicant and given to your Pastor or Chairman of the Church Board for processing and approval.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address		

Telephone \_\_\_\_\_\_ Parent's Home Church \_\_\_\_\_

SVA's Two-way Matching Aid program is a need-based form of financial aid intended to help make it possible for Adventist students to attend our school. We believe it is important for the parents, the student, and their church to all be involved in helping finance the student's education. Generally, the local church will choose to help their student at the suggested levels above while some churches provide more or less. We require this Application be completed and signed by either the Pastor or the Church Board Chair before we will include this amount in the student's Financial Plan. We trust that your church will choose to financially support this student.

The above student has been approved by the Church Board and/or Student Aid Committee to receive \$\_\_\_\_\_\_ from this Church as our part of the Two-way Church Matching Aid Program.

This amount will be paid in one lu	mp sum on		
This amount will be paid in two se	mester payments of \$	, (September & January).	
This amount will be paid in	monthly payments of \$	, beginning	

## Payments received after May 1, 2026 will not be matched by SVA.

Name of Church		Conference:			
Church Address					
Name of Church treasure	r or contact person				
Church treasurer's					
	(email address)		(phone number)		
Signed		Title		Date	

Church 2-way payments must come in the form of a church check. Please include the name of the student(s) that you are sponsoring with your check. Please do not allow a "pass through" of funds from parents for this program. Please return this signed application as soon as possible to:

> Cindy Champion, Student Accounts Manager Shenandoah Valley Academy 234 W. Lee Highway, New Market, VA 22844 cindy.champion@svasda.org fax (540) 740-8603