

# Hilo Seventh-day Adventist Church Tuition Assistance Application

**To Be Completed by Mauna Loa School Representative**

School Year \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Authorized MLS Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name	Grade in 2023-2024

**To be completed by the parent(s), please initial and sign below.**

As active lay member(s) of the Hilo Seventh-day Adventist Church:

\_\_\_\_\_ I am a baptized member of the \_\_\_\_\_ Church.

\_\_\_\_\_ I regularly attend services (at least 50% of the time).

\_\_\_\_\_ I contribute to the mission of the church through time and financial support.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by**

Church clerk signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church pastor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church treasurer signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Hilo Seventh-day Adventist Church Scholarship Committee has

Approved / Denied application. Date: \_\_\_\_\_  
(Circle one)

(Completed copies to the family, the school and church treasurer.)