

# INDIANA ACADEMY 5-WAY PLAN PARTICIPATION GUIDELINES

## What do I need to do to apply for the 5-Way Plan?

The first step is to complete the attached application form. *Reapplication is necessary every year.* If the application is incomplete or attachments are missing the school will mail the application back to the applicant.

## How does the 5-Way Plan work?

1. **Parent/Guardian** makes monthly payments and is a member of the Indiana Conference constituency.
2. **Student** must participate in the work program. Please refer to section entitled "What is our responsibility to maintain eligibility?"
3. **Academy and Conference** contributions will begin when completed paperwork is received and approved. Assistance on late paperwork will **not** be retroactive. Credit balances, at the end of the year, are applied back to the 5-Way program and will not be given in cash.
4. **Church** contributions are typically sent on a monthly basis. It is the responsibility of the parent/guardian to verify that said monthly credits are on the statement, and to contact the church treasurer or pastor if there are any discrepancies.

## What is my responsibility to maintain eligible?

- Student will have faithful attendance at work and school, complete assignments, and cooperate with teachers, staff, and students.
- Student will work the job assigned by the Work Coordinator. Any student unable to perform the assigned job, due to physical limitations, must provide verification from a physician.
- Parent/Guardian pays stated monthly amounts.

## How do I apply?

Use the following checklist to complete the application process:

- Complete the application form on page 2.** (Sections A,B,C)
- Give completed application to your Pastor or Treasurer for Church Board approval and signatures.** (Section D)
- Copy most recently filed IRS forms (2008):**
  - 1040's
  - W-2's
  - 1099's
- Attach above copies to this completed application.**
- Mail the completed application with the attached forms to:**

**5-Way Plan Application  
Indiana Academy  
24815 State Road 19  
Cicero, IN 46034**

## SECTION A – Applicant Family Information

Student Last Name \_\_\_\_\_ First \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Father's Church Membership \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Mother's Church Membership \_\_\_\_\_

\$ _____	Paid		\$ _____	Received
Total Yearly Child Support (including siblings)				

### Siblings in other SDA Schools:

Student Name One \_\_\_\_\_

School Name and Phone Number \_\_\_\_\_

\$ _____		\$ _____		\$ _____
School Cost for Year		Amt Paid By Parent		Amt. Student Aid

Student Name Two \_\_\_\_\_

School Name and Phone Number \_\_\_\_\_

\$ _____		\$ _____		\$ _____
School Cost for Year		Amt Paid By Parent		Amt. Student Aid

# 5-WAY PLAN APPLICATION

## SECTION B – Student Commitment

I UNDERSTAND AND AGREE TO:

- Have my wages earned at IA applied to my school account
- Be cooperative and dependable at work
- Take the job offered to me by the Work Coordinator
- Have faithful school and work attendance
- Do my best academically and be a good school citizen
- Bring my work earnings to IA to apply to my school account if I have an off-campus job

Student Signature

Date

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## SECTION C – Guardian Commitment

I UNDERSTAND AND AGREE:

- To be responsible for the ending balance due each month
- Grades may be sent to supporting entities
- To have the wages earned by the student applied to my account
- That failure to make a **monthly payment** will forfeit the financial assistance for that month, unless prior arrangements were made with the Business Manager. Assistance is not retroactive for skipped payments.

Signature (Parent/Guardian)

Date

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## SECTION D – Church Commitment

WE UNDERSTAND AND AGREE TO:

1. Financially support the student in Section A
2. Have this application voted and approved by the Church Board
3. Contribute the total amount below
4. Have the first payment to IA by Registration

Church Name:

Church Treasurer's Name:

Church Treasurer's Home Phone Number:

(       )

Annual Assistance Amount:

\$

Address to Send Bill to:

Pastor's Signature:

Treasurer's Signature:

Modified Earnings	Dorm Annual Assistance	Village Annual Assistance
<i>\$0 - \$20,000</i>	<b>\$2,000</b> <small>(\$200 / month)</small>	<b>\$1000</b> <small>(\$100 / month)</small>
<i>\$21,001 - \$25,000</i>	<b>\$1,800</b> <small>(\$180 / month)</small>	<b>\$900</b> <small>(\$90 / month)</small>
<i>\$25,001 - \$30,000</i>	<b>\$1,500</b> <small>(\$150 / month)</small>	<b>\$750</b> <small>(\$75 / month)</small>
<i>\$30,001 - \$35,000</i>	<b>\$1,400</b> <small>(\$140 / month)</small>	<b>\$700</b> <small>(\$70 / month)</small>
<i>\$35,001 - \$40,000</i>	<b>\$1,350</b> <small>(\$135 / month)</small>	<b>\$675</b> <small>(\$67.50 / month)</small>
<i>\$40,001 - \$45,000</i>	<b>\$1,300</b> <small>(\$130 / month)</small>	<b>\$650</b> <small>(\$65 / month)</small>
<i>\$45,001 - \$50,000</i>	<b>\$950</b> <small>(\$95 / month)</small>	<b>\$475</b> <small>(\$47.5 / month)</small>
<i>\$50,001 - \$55,000</i>	<b>\$800</b> <small>(\$80 / month)</small>	<b>\$400</b> <small>(\$40 / month)</small>
<i>\$55,001 - \$60,000</i>	<b>\$700</b> <small>(\$70 / month)</small>	<b>\$350</b> <small>(\$35 / month)</small>
<i>\$60,001, \$65,000</i>	<b>\$650</b> <small>(\$65 / month)</small>	<b>\$325</b> <small>(\$32.50 / month)</small>

IA Assistance \$ \_\_\_\_\_

IN Conf Assistance (for Constituents) \$ \_\_\_\_\_

NOTES: \_\_\_\_\_

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