



Conference Partnership Application

Who is the Conference Partnership for?

Indiana Conference of SDA Constituent Members who desires to give their children an Adventist Education at Indiana Academy, but they are unable to find complete funding for their child to attend.

What do I need to do to apply for the Conference Partnership?

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 application will be sent back to the applicant.

How does the Conference Partnership work? What are the 2 parts?

1. **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.
2. **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 Conference Partnership program and will not be given in cash. Conference support is matched to what the church gives dollar for dollar up to \$2000 (dorm) & \$1000 for village.

Conference Commitment:

The following chart shows the portion that the conference will pay to match the parent and church contribution.

Modified Earnings	Dorm Annual Assistance	Village Annual Assistance
\$0-\$25,000	\$2,000 (\$200/month)	\$1000 (\$100/month)
\$25,001-\$30,000	\$1,800 (\$180/month)	\$900 (\$90/month)
\$30,001-\$35,000	\$1,500 (\$150/month)	\$750 (\$75/month)
\$35,001-\$40,000	\$1,400 (\$140/month)	\$700 (70/month)
\$40,001-\$45,000	\$1,350 (\$135/month)	\$675 (\$67.50/month)
\$45,001-\$50,000	\$1,300 (\$130/month)	\$650 (\$65/month)
\$50,001-\$55,000	\$950 (\$95/month)	\$475 (\$47.50/month)
\$55,001-\$60,000	\$800 (\$80/month)	\$400 (\$40/month)
\$60,001-\$70,000	\$700 (\$70/month)	\$350 (\$35/month)

IN Conference Assistance \$ _____

If you have any questions or concerns regarding the Conference Partnership, feel free to contact the Business Office at Indiana Academy.

317-984-3575

Fax: 317-984-5081

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, equal or greater than the conference portion.

How do I apply?

Use the following checklist to complete the application process:

- Complete the application form on reverse (Sections A,B,C)
- Copy and attach most recent filed IRS forms (2016):
 - 1040, 1040A, or 1040EZ
- Parent: Give completed application to your Pastor or Treasurer for Church Board approval and signatures **before January 15** (priority) or **before March 5** (General)
- Church: Mail the completed application **before March 5** (Priority) or **before May 14** (General) with the attached forms to:

Conference Partnership 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

\$ | \$

Total Yearly Child Support Paid | Received

Siblings in other SDA Schools:

Student Name One

School Name and Phone Number

\$ | |

School Cost for Year | Amount paid by Parent | Amount Student Aid

Student Name Two

School Name and Phone Number

\$ | |

School Cost for Year | Amount paid by Parent | Amount Student Aid

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
- 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

Section C – Parent/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

Section D – Church Commitment

WE UNDERSTAND AND AGREE TO:

- Financially support the student in Section A
- Have this application voted and approved by the Church Board
- Contribute the total amount below
- Have the first payment to IA by Registration (August 9 for Village and August 13 for Dorm)

Church Name

Church Treasurer’s Name

Church Treasurer’s Home Phone Number

\$ /10 = \$

Assistance Amount \$ (Annual) | \$ (Monthly)

Address to Send Bill

Pastor’s Signature

Treasurer’s Signature