



Springs Adventist  
Academy

## SCHOLARSHIP APPLICATION

2024-  
2025

1. Parent Name \_\_\_\_\_, \_\_\_\_\_  
Last First

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

2. Student(s) Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I am interested in Partnering for Eternity (PFE) tuition assistance.

\_\_\_ I have completed the online application through FACTS ([online.factsmgt.com/aid](https://online.factsmgt.com/aid))

\_\_\_ I am applying for a Scholars Fund Scholarship.

\_\_\_ I am applying for the Jacob Coates Scholarship. **I agree to volunteer a minimum of 8 hours per month at Springs Adventist Academy.** These volunteer hours may be in the classroom, at a school event or other opportunities that may become available.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Office Use Only:** Scholars Fund Award:

Jacob Coates Scholarship Award:

\$ \_\_\_\_\_

\$ \_\_\_\_\_