

GMM/GAA Financial Aid Student Contract

Date Submitted (For GAA office only) _____

Student Aid Program 2023-2024

Student Name

LAST: _____ FIRST: _____ MIDDLE: _____

Grade Entering

PreK. Kinder. 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Enrollment Status

NEW. RETURNING

Parent (or Responsible Party) Agreement

The responsible parent(s) commit to paying the monthly balance after the monthly Worthy Student amount has been applied and any remaining tuition and other charges or fees added that may be incurred.

Responsible Parent Name

LAST: _____ FIRST: _____ MIDDLE: _____

Mailing Address

Street Address or PO Box

Apartment #

City/Town/Village

State

Country

Zip

Home Phone

Cell/Mobile Phone

Work Phone

Email

By signing below, I authorize Guam Micronesian Mission/Guam Adventist Academy to provide information to my local church regarding my account status.

I have read and agree to abide by the Worthy Student guidelines as outlined. I also understand that, should financial aid not be able to provide anticipated funds, I am also responsible for payment of the account balance.

I will provide:

1. The first two pages of my/our last submitted US 1040 tax return
2. The Adventist Church's recommendation letter from the pastor or the head elder
3. Mother, father, and/or legal guardian verification of employment
4. Previous school final report card

Parent (or Responsible Party) Signature

Date

Primary Family Size including parents and children:

CHOOSE ONE: Father, Mother, Step-father, Step-mother, Grandparent, Legal Guardian

Student Agreement:

I understand that participation in the GMM/GAA Worthy Student program is dependent on my having received the following grades at the end of the prior school year (2022-2023):

(Continues on the next page)

-
1. **C** grade average per quarter (2.0 GPA or higher)
 2. Any semester **F** may disqualify me for financial aid in the following school year.
 3. If I have more than ten (10) white card points may disqualify me for financial aid in the following school year.
 4. For students 14 and above, the program encourages the student to obtain a job to help the family with the family portion.
 5. I also understand that my participation in the Worthy Student program for the 2023-2024 school year will be dependent on my meeting and maintaining the eligibility requirements as stated above during the current school year.

Parent (or Responsible Party) Signature _____

Date _____

This form must be submitted at the GAA office no later than May 1st, 2023.