

**Maranatha Education Department**

**Emergency Assistance Tuition Request Form**

**Date of Request** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Parent's Name:**  
\_\_\_\_\_

**Phone number:**  
\_\_\_\_\_

**SDA School Attending & Grade:**  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Amount Requested \$** \_\_\_\_\_

**\*\*\* AMOUNT REQUESTED IS NOT  
GUARANTEED!!!!!!!!!!!!!!**

**Please place in the envelope designated for the  
Education Department downstairs on  
Secretary's Door or return to the Education  
Leader.**