

**SEVENTH-DAY ADVENTIST EMPLOYEE  
SUBSIDY ELIGIBILITY FORM  
2022-2023**

If your parent(s) work for the Seventh-day Adventist denomination and as a result you qualify for the Educational Subsidy benefit from your parent's employer, this form needs to be completed.

Please complete the student section and have the employer who will be providing your subsidy benefit for your attendance at Washington Adventist University complete and sign their section. If both of your parents qualify you for the subsidy benefit and they work at different institutions, you will need to have two forms completed.

In order for Washington Adventist University to **count your subsidy in the financial clearance process**, this form should be signed and returned to the Student Financial Aid Office by July 1 if you are starting for the Fall term and by November 1 if you are starting for the Spring term.

**STUDENT SECTION**

**STUDENT NAME** \_\_\_\_\_ **SCHOOL ID OR SSN** \_\_\_\_\_  
**RESIDENCY STATUS:** Dorm \_\_\_\_\_ Community \_\_\_\_\_  
**STUDENT MARITAL STATUS:** Married \_\_\_\_\_ Single \_\_\_\_\_ **STUDENT AGE** \_\_\_\_\_  
**PARENT EMPLOYER** \_\_\_\_\_  
**NAME OF PARENT WHO WORKS FOR THIS EMPLOYER** \_\_\_\_\_  
**WORK PHONE OF PARENT** \_\_\_\_\_

**EMPLOYER SECTION**

What percentage of tuition will you pay for your employee's dependent child? \_\_\_\_\_ %  
What percentage of fees will you pay for your employee's dependent child? \_\_\_\_\_ %  
Will you pay this percentage based on WAU's rate of tuition and fees? Yes No  
If not, what other Seventh-Day Adventist College's tuition and fees will you pay the percentage on?  
\_\_\_\_\_

**EMPLOYER AUTHORIZED PERSONNEL**

**NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_  
**NAME OF ORGANIZATION** \_\_\_\_\_  
**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

*I certify that the student named above is eligible for Educational Subsidy for the 2022-2023 academic year. I will notify the Student Financial Aid Office at Washington Adventist University if the student's eligibility status changes.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE RETURN THIS FORM OR FAX TO**

The Student Financial Aid Office at Washington Adventist University  
7600 Flower Avenue • Takoma Park, MD 20912  
Email: [finaid@wau.edu](mailto:finaid@wau.edu)  
FAX # (301) 560-5364  
Phone # (301) 891-4005