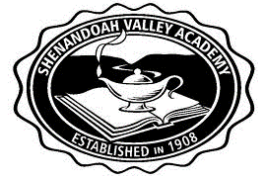


Shenandoah Valley Academy

**FOREIGN / INTERNATIONAL STUDENTS
APPLICATION FOR SVA FINANCIAL AID**

2024-2025 School Year



Date: _____

Student's Name: _____ Date of Birth: _____

Country of Birth: _____ Country of Citizenship: _____

When (month and year) do you plan to begin your studies at SVA?: _____

Father: _____ Email Address: _____

Occupation/Title: _____

Mother: _____ Email Address: _____

Occupation/Title: _____

Parents' current marital status: _____ Total Income for 2023 \$ _____

What is the official exchange rate of your country's currency to the U.S. \$ today? _____ = \$1

Does your government currently impose restrictions on the exchange and release of funds for study in the United States? Yes ____ No ____

Please provide the following:

____ Copy of TOEFL Test Results

____ Proof of Student Medical Insurance (SVA will provide affordable insurance if needed.)

____ Proof of adequate funding to support all expenses for at least one year of study for I-20 and F-1 Visa students (One year of bank account documentation as required by the US State Department).

Please forward this completed application and all attachments to Cindy Champion, Student Accounts Manager, at cindy.champion@svasda.org.

Parent Signature

Date