



SHENANDOAH VALLEY ACADEMY  
 234 W. Lee Hwy., New Market, VA 22844  
 (540) 740-3161 • (540) 740-3336 (fax)  
[www.shenandoahvalleyacademy.org](http://www.shenandoahvalleyacademy.org)

## Application for SVA Student Aid

Date \_\_\_\_\_

### Student's Information

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  Dorm *or*  Community

### Please provide the following information regarding the person(s) financially responsible for this student's account

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Social Security # \_\_\_\_\_

**Please attach a copy of the first two pages of your most recent IRS 1040 income tax return to this application. This Application for Student Aid cannot be processed until these items have been received and all questions are answered.**

### Please list all adults and dependent children living in the same household of person financially responsible

Name (Required)	Relationship to Student	Grade	School Attending	Out of Pocket Cost to Family

What is the total amount of the Household's gross income for 2025? \$ \_\_\_\_\_

Do you receive other financial support not included on the IRS Form 1040?

No  Yes Welfare payments \$ \_\_\_\_\_

No  Yes Social Security payments \$ \_\_\_\_\_

No  Yes Food Stamps \$ \_\_\_\_\_

No  Yes Child Support payments \$ \_\_\_\_\_

Other sources of financial support \_\_\_\_\_

What is the *most* that you can pay on this account each month from all sources? \$ \_\_\_\_\_

Please enclose any statement you wish to provide to the Committee regarding special circumstances or hardships in this household that should be considered in determining the Student Aid for this student.

\_\_\_\_\_  
**Signature of person responsible for this account** **Date**

Please return this completed application and all attachments **as soon as possible** to:

Kevin Martin, Shenandoah Valley Academy  
 234 W. Lee Highway, New Market, VA 22844  
[student.accounts@svasda.org](mailto:student.accounts@svasda.org) or Fax 540-740-3336