



211 Highland Circle Dr. Portland, TN 37148
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CHURCH SPONSORSHIP MATCHING ASSISTANCE FORM

Students and Parents – Please submit and return the approved form to Highland Academy Business Office on or before enrollment. Highland Academy will not match any church assistance without an approved form.

Dear Pastor / Church Board,

_____ (Student Name) is applying for the “Church Sponsorship Matching Assistance” program at Highland Academy for the 2024 - 2025 school year. In this program, Highland Academy will attempt to match the amount pledged by my church up to \$2000.

Thank you for your consideration. Please kindly inform us as to the decision of the church board at your earliest convenience.

Sincerely,

 Student: Parent: Date:

Pastor / Authorized Church Official – Please complete and return to student family

Church Name:		
Name of Authorized Church Official:	Title:	Contact Number:
Amount of Church Sponsorship: \$ _____ per month \$ _____ per semester \$ _____ per year		
Would you like to be billed?		
Church Address: Street		
City:	State:	Zip
X _____ Signature of Authorized Church Official		X _____ Date

FOR OFFICE USE ONLY:
 Date Application Rcvd: _____