

# Salvation Christian Academy

## MINISTRY VERIFICATION FORM 2017-18



Last and First Name \_\_\_\_\_

Name(s) of child(ren) attending SCA school \_\_\_\_\_

Member of the \_\_\_\_\_ Church in City/State \_\_\_\_\_

**Pastoral discount is available for up to 25%**

**Other key church positions may have the annual family service hours waived**

Position held in your church \_\_\_\_\_  Volunteer  Paid FT or PT

Approximate hours of church participation per month \_\_\_\_\_

Approximate hours of preparation outside of the church \_\_\_\_\_

The information I provided above is presented to the best of my knowledge and accuracy.

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

### NCE Office Use Only:

Approved ministry, \_\_\_\_\_%

Approved service ministry hours \_\_\_\_\_ hrs waived.

Notes: \_\_\_\_\_

\_\_\_\_\_