

Need-Based Assistance

Need-Based Assistance is provided to students in difficult financial situations. It is a means for students to be able to participate in a given MHS activity without the burden of financial unavailability. It is a blessing for MHS to be able to provide this assistance for trips and events and it is our desire to continue this option in the future. In order for that to be a possibility, we ask that you consider the following information.

Assistance is offered in 3 different levels:

1. 50% of total cost
2. Partial payment (i.e. \$50)
3. Full assistance for extreme need

If you are interested in applying for Need-Based Assistance for your student, please note the following guidelines:

1. Parents are responsible for **calling the MHS office to request and discuss their needs and options.** Requests will not be processed from students.
2. Upon calling the MHS office, parents will discuss with their student which avenue they would choose to contribute to their assistance:
 - A. At a rate of \$10/hour students can work in their own homes or neighborhoods providing free chores to those in need. [i.e. babysitting, leaf raking, shoveling, baking, etc]
 - B. Also at a rate of \$10/hour students can work here at Mars Hill by coordinating with Jennifer Rottluff [Facilities Team Administrator] a schedule that is helpful for both the facilities staff and the student.
3. Students will be responsible for working off the majority (preferably all) of the hours before the trip or event. If hours are not completed ahead of time it is expected that the student will follow through after the trip or event.
4. Multiple students involved in MHS does not automatically qualify/justify assistance.
5. Please note that assistance is not given to students whose parents desire their student to work for a camp registration fee in order to learn the value of a dollar. Rather, they are available to students who would not be able to consider attending purely for financial reasons.

FOR OFFICE USE ONLY

Date Received: _____

Check #: _____

Amount: _____

Assistance amount applied: _____

Contact Person (s): _____ Relationship: _____