

Ethnic Scholarship Fund

ASIAN/PACIFIC MINISTRIES DEPARTMENT

APPLICATION FORM

Applicant's Use:

Student's Name: _____

Date of Birth: _____ Social Security #: _____

Street Address: _____

City/State/Zip Code: _____

Parent/Legal Guardian's Name: _____ Phone #: _____

School Desired for Enrollment: _____

College Academy Grades 9 - 12

Applications are considered for *tuition* at a Seventh-day Adventist Academy (grades 9 - 12) or college only. Other expenses are not allowable for assistance from the Ethnic Scholarship Fund. Student must be a member of a church in the Southeastern California Conference to be eligible for this scholarship. Students from other conferences should forward applications to their conference president.

Local Church's Use:

Note: This application must be filled out in full and approved by the local church board or local church scholarship committee and signed prior to consideration by the Southeastern California Conference Ethnic Scholarship Committee.

Name of Church: _____

Signature of Pastor or
Scholarship Chairperson _____ Date: _____

Church Treasurer's Signature: _____ Date: _____

Amount approved by the local church: \$ _____

Southeastern California Conference Use:

Office Use
#1-381-63

Approved by Southeastern California Conference

Amount \$ _____ Date: _____

Signature _____

(Ethnic Vice-president)

Signature: _____

(Superintendent of Education)