

Ethnic Scholarship Fund

Southeastern California Conference
Hispanic Ministries Department
P.O. Box 79990 Riverside, CA 92513
Website: secchispm.in.adventistfaith.org

Telephone: (951) 509 - 2333
Fax: (951) 509-2399

E-mail: Veronica.Mendez@seccsda.org

APPLICANT INFORMATION:

Student's Name: _____

Address: _____

City/State/Zip Code: _____

Date of Birth: _____

Phone Number: _____

Parent's Name _____

Academy Name (Grades K- 12) _____

College or University _____

SCHOLARSHIP INFORMATION:

Amount Approved by the Local Church \$ _____

Name of Church: _____

Signature of the Pastor or Scholarship Chairman: _____

Date: _____

Signature of Church Treasurer: _____

Date: _____

- *Based on need.*
- *Scholarship should be initiated by local church.*
- *Should not be given to children of denominational employees who receive conference tuition allowance.*
- *Applications are considered for tuition at a Seventh-day Adventist academy (Grades K-12) or College only. Other expenses are not allowable for assistance from the Ethnic Scholarship Fund.*
- *Maximum scholarship amount **recommended** per student is \$500.00*
- *This application must be filled out in full and approved by the church board or local church scholarship committee and signed prior to consideration by the Southeastern California Conference Ethnic Committee.*
- *If school is located outside of the US, please provide all relevant electronic funds transfer information.*

CONFERENCE USE:

Amount Approved: \$ _____

Signature: _____

Hispanic Ministries Vice-President

Date: _____

Office Use Only
1-387-63-5 _____