

# THREE-WAY SCHOLARSHIP APPLICATION 2019-2020

ALLEGHENY EAST CONFERENCE CORPORATION OF SEVENTH-DAY ADVENTISTS

Date Received: \_\_\_\_\_  
(OFFICE USE ONLY)

## APPLICANT INFORMATION

Student's Name: \_\_\_\_\_ Current School: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Sex: Male  Female

Student Classification:  Freshman  Sophomore  Junior  Senior

Marital Status:  Single  Married  Divorced  Separated

Applicant Employed? Yes  No  Employer: \_\_\_\_\_ Income: \_\_\_\_\_

Dependent Family Information – Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Children in Family: \_\_\_\_\_ # in SDA schools – College: \_\_\_\_\_ Acad: \_\_\_\_\_ Elem: \_\_\_\_\_

Have you applied for this scholarship before? Yes  No  If so, when? \_\_\_\_\_

Family Adjusted Gross Income from last tax return: \$ \_\_\_\_\_

\_\_\_\_\_ and/or \_\_\_\_\_

Student's Signature

Parent's Signature

## CHURCH CLERK & PASTOR COMPLETE THIS SECTION:

Name of Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

• Does student/applicant attend church regularly? Yes  No

• Does applicant and/or parent participate in the local church's stewardship program annually? Yes  No

• Does the Church Board recommend this applicant for the 3-Way Scholarship? Yes  No

Church Board Action Date: \_\_\_\_\_ Amount Voted: \$ \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

Church Clerk's Signature

Church Pastor's Signature

## CONFERENCE COMPLETE THIS SECTION:

DATE OF CONFERENCE ACTION: \_\_\_\_\_ APPROVED  NOT APPROVED  AMOUNT: \$ \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT OF SCHOOL'S SIGNATURE