

Please send the following three (3) pages only...

REGIONAL SCHOLARSHIP APPLICATION

*** Please print or type information ***

FAMILY STATUS

Last Name _____ First Name _____ Middle Initial _____ Age _____ M F
Last Name(s) Previously Used _____
Home Address _____ Apt.# _____
City _____ State _____ Zip Code _____
Social Security Number _____ - _____ - _____ Phone Number _____
Address while attending school _____ Apt.# _____
City _____ State _____ Zip Code _____
Day Phone Number _____ Evening Phone Number _____
Cellular Phone Number _____ E-mail Address _____
Marital Status Single Married Spouse's Name _____
 Divorced Separated Number of children ___ Ages _____
Citizenship USA Canada Bermuda Other: _____
Church _____ Conference _____ Union _____

(Only the church/conference/union officer listed here can sign page 3, as indicated.)

EDUCATIONAL STATUS

Name of last school attended _____ Year _____
School presently attending _____ Phone No. _____
Address _____ Apt. # _____
City _____ State _____ Zip Code _____
Degree sought _____ Field of study _____ Hours completed _____
Professional graduate in the current program: 1st year 2nd year 3rd year 4th year

(School needs to sign page 3 stating that you are a full-time graduate student)

FINANCIAL STATUS

Part 1

Your Employer's Name _____ Phone No. _____
Address _____
City _____ State _____ Zip Code _____
 Full-time Part-time IRS Taxable Income (Joint if married; Form 1040, Line 43) \$ _____
Spouse's Employer _____ Spouse's Income (net) \$ _____
Were you claimed as a dependent on your parents' federal income tax return? Yes No
Was your spouse claimed as a dependent on his/her parents' federal income tax return? Yes No
Have you previously received any assistance from the NAD Regional Scholarship Fund? Yes No
If yes, were you in a different program? Yes No If you were in a different program, specify:
Degree _____ Field of Study _____ Year _____ Total Amount Received \$ _____

NOTE: This application form needs to be completed and sent to your local conference or union by December 1.

FINANCIAL STATUS—PART 2 ...continued

CURRENT MONTHLY BUDGET *(Please calculate the figures below on a monthly basis).*

<u>MONTHLY INCOME</u>		<u>MONTHLY EXPENSE</u>	
Savings & Checking Accts.		Tuition*	
Aid: Parent(s)/Guardian(s)		Fees For _____	
Applicant's Income		Instruments	
Spouse's Income		Equipment	
GI Benefits		Insurance For _____	
Work Study Assistance		SUB-TOTAL - Monthly	\$
Other Income From: _____		Tithe & Offerings	
SUB-TOTAL - Monthly	\$	Food	
Grants		Lodging	
Loans		Clothing	
Scholarships		Utilities	
SUB-TOTAL - Monthly	\$	Car Insurance	
GRAND TOTAL - Monthly	\$	Creditor: Bal. _____ For: _____	
<p>*If your tuition expense is on a quarterly basis, multiply the amount by 4, then divide the total into 12, that would be your monthly expense. For example, if you pay 833.00 a quarter for tuition, multiply 833.00 x 4 = 3,332 ÷ 12 = 277.67 (this would be your monthly expense). If your tuition fee is every 10 months, divide the amount into 12, the total is your monthly expense.</p> <p><i>Please calculate the figures on a monthly basis.</i></p>		Creditor: Bal. _____ For: _____	
		Creditor: Bal. _____ For: _____	
		Creditor: Bal. _____ For: _____	
		Creditor: Bal. _____ For: _____	
		SUB-TOTAL - Monthly	\$
		GRAND TOTAL - Monthly	\$

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SIGNATURES

APPLICANT

AFFIRMATION: (Print Name) I, _____,
hereby state that the information given on this application is to the best of my knowledge true. I/we
hereby indicate my/our loyalty to the principles of the Seventh-day Adventist Church and my/our
commitment to its objectives. It is my/our plan to support the cause of God through the use of my/our
training, giving first consideration to locating in _____ Conference territory.

READ THE "NOTE" IN THIS PAGE BEFORE SIGNING.

Date: _____ Signature: _____ (Applicant)

Date: _____ Signature: _____ (Spouse)

SCHOOL APPRAISAL *(Imperative that this section be filled out.)*

Accumulative grade point average _____ or standing _____

Graduate full-time student: Yes No Degree Sought _____ Field of Study _____ Year of Study _____

Remarks: _____

School: _____ Phone Number: _____

(Please see Educational Status - page 1) Print Name: _____

Date: _____ Signature: _____ (School Registrar)

(School Seal and/or Stamp Required)

CHURCH

The _____ SDA Church of _____

(Church where you hold membership)

(City/State)

approves the applicant as a member in regular standing and worthy of the scholarship grant requested.

Pastor's Phone Number (Day): _____ (Evening): _____

(Please see Family Status - page 1) Print Name: _____

Date _____ Signature _____ (Church Pastor)

LOCAL CONFERENCE

The _____ Conference approves the applicant worthy of a
regional scholarship grant. **READ THE "NOTE" IN THIS PAGE BEFORE SIGNING.**

(Please see Family Status - page 1) Print Name: _____

Date: _____ Signature: _____ (Conference President
or North Pacific/Pacific Director of Regional Affairs)

(If member of the North Pacific or Pacific Union, the Union Director of Regional Affairs needs to sign this section)

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