

# Ethnic Scholarship Fund

Southeastern California Conference  
Hispanic Ministries Department  
P.O. Box 79990 Riverside, CA 92513  
Website: [secchispmmin.adventistfaith.org](http://secchispmmin.adventistfaith.org)

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

E-mail: [abby.chuquimia@seccsda.org](mailto:abby.chuquimia@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 \_\_\_\_\_