

**ETHNIC SCHOLARSHIP FUND  
ASIAN/PACIFIC MINISTRIES DEPARTMENT  
APPLICATION FORM**

***Applicant's use:***

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

School Desired for Enrollment: \_\_\_\_\_

Academy Grades K-12     College\*

Applications are considered for *tuition* at a Seventh-day Adventist Academy (grades K-12) or undergraduate college only. Other expenses are not allowable for assistance from the Ethnic Scholarship Fund. The student must be a member of an Asian/Pacific church in the Southeastern California Conference to be eligible for this scholarship. Students from other conferences should forward applications to their conference president. *\*For international schools, please complete the additional form for school's banking information.*

***Local Church's Use:***

Note: This application must be filled out in full and be approved by the local church board or 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:***

Approved by the Southeastern California Conference

Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

*(Ethnic Vice-President)*