

Ethnic Scholarship Application

Southeastern California Conference
Black Ministries Department
P.O. Box 79990
Riverside, CA 92513-1990

Telephone: (951) 509-2298
Fax: (951) 509-2399
E-mail: blackministries@seccsda.org

APPLICANT INFORMATION:

Please Print Legibly

Student's Name: _____

Address: _____

City/State/Zip Code: _____

Date of Birth: _____

Phone Number: _____

E-mail Address: _____@_____

Parent/Guardian's Name: _____

☐ Elementary/Academy (Grades K – 12): _____

☐ College or University (*Undergrad Only*): _____

SCHOLARSHIP INFORMATION:

Amount Approved by the Local Church: \$ _____

Name of Church: _____

Signature of Education Chairperson or Pastor: _____

Date: _____

Signature of Treasurer: _____

Date: _____

- The Ethnic Scholarship is also known as the Minority Scholarship.
- Students must be enrolled in a Seventh-day Adventist academy (grades 9-12) or college/university.
- Students must be considered worthy of financial assistance. The amount requested must be approved by the church education committee or person responsible for approving the Ethnic Scholarship Application.
- Applications must have two (2) signatures: (1) church education chairperson or pastor and (2) church treasurer.
- The Ethnic Scholarship cannot be used as the church or conference portion of the Three-Way Scholarship or for other assistance the church is expected to pay.
- Denominational employees and their families are not eligible to receive this scholarship as they receive financial assistance through their employer.
- Mail the application to the SECC Black Ministries Department; P.O. Box 79990, Riverside, CA 92513-1990.

CONFERENCE USE:

Amount Approved: \$ _____ GL No. _____

Black Ministries Vice President: _____

Date Received: ____/____/____