

THREE-WAY SCHOLARSHIP APPLICATION 2017-2018

ALLEGHENY EAST CONFERENCE CORPORATION OF SEVENTH-DAY ADVENTISTS

Date Received: _____
(OFFICE USE ONLY)

APPLICANT/PARENT COMPLETE THIS SECTION:

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