



Application for Education Allowance/Scholarship Grant
Arkla Conference of Seventh-Day Adventists

Employee's Information

Last Name First Name MI

Address: City St. Zip

Is your spouse employed by an SDA Organization?

[] Yes [] No

If yes please list Organization & Position

Is the student a constituent member of the school?

[] Yes [] No

Please list below your unmarried dependent children who will be in a Seventh-Day Adventist School on the elementary, secondary (in Arkla Conference only), or college level and are eligible for the regular scholarship grant. Arkla Conference policy stipulates that the scholarship grants be paid directly to the school that your child is attending.

Table with 7 columns: Student's Name, Date of Birth, Age, School, Grade, Dorm or Off Campus, Yearly Tuition

I understand that I will be liable for applicable payroll taxes.

Employee's Signature

Date

Your scholarship Grant cannot be paid until this form; with a photocopy of rate documentation from the school is returned to the Arkla Conference Treasury Office.