

APPLICATION FOR SEVENTH-DAY ADVENTIST COLLEGE TUITION AID
Southern California Conference of Seventh-day Adventists
REGIONAL REVERSION FUNDS FOR 2020-2021
GREATER LOS ANGELES REGION

The Greater Los Angeles Region administers the Seventh-day Adventist College Tuition Aid from the Regional Reversion Funds to full-time students who are members of GLAR and attending a GLAR constituent Seventh-day Adventist College. These funds will be distributed to worthy students on the basis of need. Applications will be processed in the order they are received and must be received before the deadline to be considered. **An application does not assure assistance.** ALL APPLICANTS MUST FULLY COMPLETE **BOTH SIDES** OF THIS FORM including all signatures. Please print clearly and fill in all blanks. **Only COMPLETE applications will be considered. If there is any missing information, application will be denied.** Children of denominational employees who receive conference tuition aid are NOT eligible.

NAME OF STUDENT _____ GENDER F/M Phone: () _____

ADDRESS OF STUDENT _____
Street *City* *Zip Code*

CHURCH THAT YOU ARE A MEMBER OF _____

HIGH SCHOOL OR ACADEMY ATTENDED _____

YEAR IN COLLEGE: _____ Freshman _____ Sophomore _____ Junior _____ Senior

PARENT MARITAL STATUS: _____ Single _____ Married _____ Separated _____ Divorced

NAME OF PARENT(S)/GUARDIAN _____ PHONE: (_____) _____

ADDRESS OF PARENT(S)/GUARDIAN _____
Street *City* *Zip*

MOTHER SDA? _____ FATHER SDA? _____ CHURCH MEMBERSHIP _____

DO BOTH PARENTS WORK? _____ NUMBER OF DEPENDENT CHILDREN _____

NUMBER OF CHILDREN IN SDA SCHOOLS: _____ Elementary _____ Academy _____ College _____ University

SDA COLLEGE YOU PLAN TO/ATTEND: _____ OAKWOOD _____ LA SIERRA _____ LLU _____ PUC _____ SAU

Have you been accepted? No _____ / Yes _____ / Quarter you will enter school: Fall _____ Winter _____ Spring _____

PLEASE NOTE: If you're selected to receive this scholarship and transfer to another college, **you MUST INFORM US IMMEDIATELY!**
My signature on this application certifies that I have answered all of the questions truthfully.

Signature _____ **Date** _____ **School ID#** _____ (required)

State reasons why you need aid:

THIS APPLICATION MUST BE RETURNED TO GLAR OFFICE before Monday, August 10, 2020.

Funds should be allocated during the months of October-December 2020



~FOR THE PASTOR ONLY~
(Entire application **must** be completed.)

PLEASE EVALUATE THE APPLICANT'S SPIRITUAL EXPERIENCE AS EVIDENCED BY CHURCH ATTENDANCE AND PARTICIPATION.

PLEASE EVALUATE THE APPLICANT'S **FINANCIAL NEED**.

Do you as the Pastor recommend this applicant for tuition aid? YES NO

Pastor Signature _____ Date _____

PRINT NAME at right ⇨: _____

This signed, completed form must be returned by the pastor to: **Greater Los Angeles Region, Southern California Conference of Seventh-day Adventists, P O Box 969, Glendale CA 91209 Attn: Kathleen Roberts, by Monday, August 10, 2020**

DO NOT WRITE BELOW THIS LINE

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Not Approved _____ Approved _____ Amount Approved _____

Director of the Greater Los Angeles Region _____ DATE _____
Signature

Rev. 5/2019