

## Cómo llenar las solicitudes para las becas Baybarz y Dotación Educativa (Endowment)

### Cómo llenar la Parte A

1. El nombre de la asociación: **Southern California Conference**
2. a. El nombre de la escuela adventista donde desea estudiar, o está estudiando.  
b. El año escolar del curso que viene
3. El grado que cursa este año escolar.
4. El nombre de la escuela donde estudió el año escolar anterior.
5. ¿Es residente de la Unión del Pacífico? La letra A indica Sí; la B indica No.
6. El nombre de la iglesia a la cual asiste el alumno.
7. La letra A indica que el alumno es miembro bautizado de la Iglesia Adventista del Séptimo Día. La B indica que está planeando ser bautizado; la letra C indica que el alumno aún no ha decidido ser bautizado.
8. La letra A indica que ambos padres son adventistas; la B indica que sólo un padre es miembro; la C indica que ninguno de los dos es miembro de la iglesia.
9. ¿Desea estudiar en una escuela Adventista del Séptimo Día para servir a Dios en su carrera escogida?  
La letra A indica que la respuesta es Sí; la letra B indica que la respuesta es No.
10. ¿Ha hecho planes para trabajar, tanto durante el año escolar como durante el verano? (No se aplica a los niños de kindergarten hasta 8º grado)  
La letra A indica que la respuesta es Sí; la letra B indica que la respuesta es No.
11. Hasta donde sea posible, ¿tiene planes de completar sus estudios universitarios en una institución adventista?  
La letra A indica que la respuesta es Sí; la letra B indica que la respuesta es No.
12. ¿Se esfuerza Ud. por lograr la excelencia en su vida académica, en su comportamiento, y en su vida espiritual?  
La letra A indica que la respuesta es Sí; la letra B indica que la respuesta es No.
13. Con su firma abajo, ¿nos autoriza investigar sus calificaciones y comportamiento escolar?  
La letra A indica que la respuesta es Sí; la letra B indica que la respuesta es No.
14. ¿Comprende que cualquier beca que reciba de este plan será coordinada con otra ayuda financiera que reciba?  
La letra A indica que la respuesta es Sí; la letra B indica que la respuesta es No.

15. Se deben enviar los siguientes documentos con esta solicitud:
  1. Una descripción breve, en inglés, que detalle sus actividades escolares.
  2. Una carta de recomendación del maestro/a. Si el alumno no asiste a una escuela adventista, el pastor puede escribir una carta (en inglés). La recomendación de la parte B del formulario no es suficiente - hay que tener esta carta también.
  3. Una carta escrita por el alumno, máximo una página, que explique por qué motivo ha decidido dedicarse a servir en la obra de Dios, bien sea como un empleado de la iglesia o como laico. La carta debe ser en inglés.
16. El número de seguro social del alumno en los cuadros donde dice SS#. Anotar el nombre completo del alumno, calle, número, ciudad, estado, y ZIP Birthdate es la fecha de nacimiento: Día, Mes, Año (en números).
17. Firma del alumno y la fecha cuando firmó.

#### Parte B

Esta sección debe ser llenada por el Director o Registrar de la escuela donde el alumno estudia este año.

Si el alumno NO asiste a una escuela adventista, el pastor de su iglesia debe llenar las partes 1, 3, 5-9.

### MUY IMPORTANTE

¡Haga una fotocopia de la hoja antes de dársela al director o pastor!!

Una vez que el director o pastor haya llenado la parte B, envíe todos los documentos a:

**Office of Education  
1535 E. Chevy Chase Drive  
Glendale, CA 91206**

**Aceptaremos las solicitudes antes del 15 de Abril del 2020.**

No se olvide incluir con la solicitud:

1. Descripción de las actividades escolares
2. Carta de recomendación de un maestro o del pastor
3. Carta del alumno explicando por qué ha decidido dedicar su vida a la obra de Dios

**---No se aceptan solicitudes incompletas---**

**SOLICITUD PARA ESTUDIANTES DE GRADO 9 - 12 Y UNIVERSIDAD**  
**FOR A GRANT FROM THE PACIFIC UNION EDUCATION ENDOWMENT FUND**

PLEASE PRINT

| <b>A</b>                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                      | <b>STUDENT APPLICATION</b> |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|
| TO BE COMPLETED BY THE STUDENT AND DELIVERED TO THE SCHOOL ADMINISTRATOR OR PASTOR WHO WILL COMPLETE SECTION B                              |                                                                                                                                                                                                                                                                                                                                                                                      |                            |  |
| 1                                                                                                                                           | I HEREBY REQUEST THE:<br><b>Southern California Conference</b>                                                                                                                                                                                                                                                                                                                       |                            |  |
| TO PLACE MY NAME IN NOMINATION AS ONE TO BE SPONSORED FOR A GRANT FROM THE FRED L. AND CAROLYN C. BAYBARZ EDUCATION SCHOLARSHIP TRUST FUND. |                                                                                                                                                                                                                                                                                                                                                                                      |                            |  |
| 2                                                                                                                                           | A. I PLAN TO ENROLL AS A FULL-TIME STUDENT AT:<br>_____ (NAME OF SCHOOL OR COLLEGE)                                                                                                                                                                                                                                                                                                  |                            |  |
| B. FOR THE SCHOOL YEAR BEGINNING: _____                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                      |                            |  |
| 3                                                                                                                                           | MY GRADE LEVEL IN THE FALL WILL BE: _____                                                                                                                                                                                                                                                                                                                                            |                            |  |
| 4                                                                                                                                           | NAME OF SCHOOL MOST RECENTLY ATTENDED: _____                                                                                                                                                                                                                                                                                                                                         |                            |  |
| 5                                                                                                                                           | RESIDENT IN THE PACIFIC UNION?    A. YES    B. NO                                                                                                                                                                                                                                                                                                                                    |                            |  |
| 6                                                                                                                                           | NAME OF CHURCH WHICH YOU ATTEND: _____                                                                                                                                                                                                                                                                                                                                               |                            |  |
| <b>IN THE FOLLOWING BOXES, PLACE THE LETTER OF THE RESPONSE THAT MOST NEARLY FITS YOUR SITUATION.</b>                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                            |  |
| 7                                                                                                                                           | <b>CHURCH MEMBERSHIP</b><br>A. BAPTIZED MEMBER OF THE SEVENTH-DAY ADVENTIST CHURCH<br>B. PLANNING BAPTISM<br>C. HAVE NOT YET DECIDED                                                                                                                                                                                                                                                 |                            |  |
| 8                                                                                                                                           | <b>MY PARENTS ARE:</b> PARENT/GUARDIAN NAME _____<br>A. BOTH SEVENTH-DAY ADVENTISTS<br>B. ONE A MEMBER<br>C. NEITHER A MEMBER                                                                                                                                                                                                                                                        |                            |  |
| 9                                                                                                                                           | <b>DO YOU DESIRE</b> TO BE PREPARED IN A SEVENTH-DAY ADVENTIST SCHOOL TO SERVE GOD IN YOUR CHOSEN PROFESSION?<br>A. YES    B. NO                                                                                                                                                                                                                                                     |                            |  |
| 10                                                                                                                                          | <b>IS IT YOUR PLAN</b> TO PARTICIPATE IN A WORK-STUDY PROGRAM AND IN SUMMER EMPLOYMENT AS OUTLINED IN THE POLICY?<br>A. YES    B. NO                                                                                                                                                                                                                                                 |                            |  |
| 11                                                                                                                                          | <b>IS IT YOUR PLAN</b> , AS FAR AS IS CONSISTENT WITH YOUR COURSE OF STUDY, TO COMPLETE YOUR COLLEGE STUDY IN A SEVENTH-DAY ADVENTIST SCHOOL?<br>A. YES    B. NO                                                                                                                                                                                                                     |                            |  |
| 12                                                                                                                                          | <b>ARE YOU DEDICATED</b> TO THE PURSUIT OF EXCELLENCE IN SCHOLARSHIP, DEPARTMENT, AND SPIRITUAL LIFE?<br>A. YES    B. NO                                                                                                                                                                                                                                                             |                            |  |
| 13                                                                                                                                          | <b>DO YOU AUTHORIZE</b> BY YOUR SIGNATURE, THE REVIEW OF YOUR SCHOLARSHIP AND CITIZENSHIP RECORD?<br>A. YES    B. NO                                                                                                                                                                                                                                                                 |                            |  |
| 14                                                                                                                                          | <b>DO YOU UNDERSTAND</b> THAT ANY GRANT RECEIVED FROM THIS PROGRAM WILL BE COORDINATED WITH OTHER FINANCIAL AID RECEIVED?<br>A. YES    B. NO                                                                                                                                                                                                                                         |                            |  |
| 15                                                                                                                                          | <b>NOTICE</b><br>THE FOLLOWING STATEMENTS ARE TO BE <b>ATTACHED</b> TO THIS APPLICATION:<br>1. A BRIEF DESCRIPTION OF YOUR SCHOOL ACTIVITIES<br>2. A LETTER OF RECOMMENDATION FROM YOUR TEACHER OR PASTOR*.<br>3. A STATEMENT OF NOT MORE THAN ONE PAGE TELLING WHY YOU HAVE CHOSEN TO DEDICATE YOURSELF TO THE LORD'S WORK, WHETHER AS A DENOMINATIONAL EMPLOYEE OR AS A LAYPERSON. |                            |  |
| 16                                                                                                                                          | <b>STUDENT'S PERSONAL INFORMATION (PLEASE PRINT)**</b>                                                                                                                                                                                                                                                                                                                               |                            |  |
| STUDENT ID #                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                      | OR SS#                     |  |
| FULL NAME:                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |                            |  |
| STREET:                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                      |                            |  |
| CITY, STATE, ZIP:                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      |                            |  |
| BIRTHDATE:                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      | TELEPHONE:                 |  |
| ** SEE FOOTNOTE                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      |                            |  |
| Email _____                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                      |                            |  |
| X                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      | DATE:                      |  |
| STUDENT SIGNATURE                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      |                            |  |

| <b>B</b>                                                                                                                                          |  | <b>RECOMMENDATION</b>                                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|
| TO BE COMPLETED BY THE SCHOOL ADMINISTRATOR OF THE SCHOOL WHERE THE APPLICANT HAS BEEN ENROLLED, THEN DELIVERED TO THE LOCAL OFFICE OF EDUCATION. |  |                                                                                  |  |
| *PASTORS MAY ONLY COMPLETE IF THE STUDENT HAS NOT ATTENDED AN SDA SCHOOL*                                                                         |  |                                                                                  |  |
| RATE THE APPLICANT ON THE FOLLOWING AREAS USING A SCALE OF 1-5 (5 BEING SUPERIOR OR GREAT, 3 BEING AVERAGE).                                      |  |                                                                                  |  |
| 1                                                                                                                                                 |  | SPIRITUAL DEDICATION                                                             |  |
| 2                                                                                                                                                 |  | SCHOLARSHIP (GPA) _____                                                          |  |
| 3                                                                                                                                                 |  | AMBITION FOR SELF-HELP                                                           |  |
| 4                                                                                                                                                 |  | CITIZENSHIP                                                                      |  |
| 5                                                                                                                                                 |  | POSSIBILITY OF THIS STUDENT COMPLETING COLLEGE IN A SEVENTH-DAY ADVENTIST SCHOOL |  |
| 6                                                                                                                                                 |  | FINANCIAL NEED                                                                   |  |
| 7                                                                                                                                                 |  | <b>YOUR COMMENTS:</b> (LETTER OF RECOMMENDATION MUST BE SEPARATE SHEET)          |  |
| _____                                                                                                                                             |  |                                                                                  |  |
| _____                                                                                                                                             |  |                                                                                  |  |
| _____                                                                                                                                             |  |                                                                                  |  |
| 8                                                                                                                                                 |  | NAME OF SCHOOL AND PRINCIPAL, OR CHURCH AND PASTOR*                              |  |
| 9                                                                                                                                                 |  | ** SEE FOOTNOTE                                                                  |  |
| X                                                                                                                                                 |  | DATE:                                                                            |  |
| SIGNATURE OF ADMINISTRATOR/PASTOR                                                                                                                 |  |                                                                                  |  |
| *A PASTOR MAY COMPLETE SECTION "B" IF THE STUDENT HAS NOT ATTENDED AN SDA SCHOOL*                                                                 |  |                                                                                  |  |

| <b>C</b>                                                                                                                      |                                                                                                          | <b>SPONSORING CONFERENCE</b> |  |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------|--|
| TO BE COMPLETED BY THE CONFERENCE SUPERINTENDENT OF SCHOOLS AND DELIVERED TO THE PACIFIC UNION CONFERENCE OFFICE OF EDUCATION |                                                                                                          |                              |  |
| <b>Office of Education</b>                                                                                                    |                                                                                                          |                              |  |
| NAME OF SCREENING COMMITTEE                                                                                                   |                                                                                                          |                              |  |
| 2                                                                                                                             | ON BEHALF OF: <b>Southern California Conference</b><br>THE SPONSORING CONFERENCE                         |                              |  |
| <b>AS THE SUPERINTENDENT OF SCHOOLS I RECOMMEND:</b>                                                                          |                                                                                                          |                              |  |
| 3                                                                                                                             | NAME OF PROSPECTIVE GRANTEE                                                                              |                              |  |
| 4                                                                                                                             | <b>BE SPONSORED TO RECEIVE A BAYBARZ EDUCATION SCHOLARSHIP TRUST FUND</b> Recommended amount    \$ _____ |                              |  |
| <b>Dr. Harold A. Crook</b>                                                                                                    |                                                                                                          |                              |  |
| NAME OF SUPERINTENDENT OF SCHOOLS                                                                                             |                                                                                                          |                              |  |
| 5                                                                                                                             |                                                                                                          | **SEE FOOTNOTE               |  |
| X                                                                                                                             |                                                                                                          | DATE:                        |  |
| SIGNATURE OF SCHOLARSHIP COMMITTEE CHAIR                                                                                      |                                                                                                          |                              |  |

| <b>D</b>                                                            |                                                                                                                                                                                          | <b>VERIFICATION</b> |  |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|
| TO BE COMPLETED BY THE PACIFIC UNION CONFERENCE OFFICE OF EDUCATION |                                                                                                                                                                                          |                     |  |
| P. O. Box 5005, Westlake Village, CA 91359                          |                                                                                                                                                                                          |                     |  |
| 1                                                                   | <b>THIS IS TO VERIFY THAT ALL SECTIONS OF THE BAYBARZ EDUCATION SCHOLARSHIP TRUST FUND GUIDELINES HAVE BEEN APPLIED TO THIS APPLICATION WHICH IS NOW:</b> _____ APPROVED    _____ DENIED |                     |  |
| 2                                                                   |                                                                                                                                                                                          |                     |  |
| X                                                                   |                                                                                                                                                                                          | DATE:               |  |
| SIGNATURE OF DIRECTOR OF EDUCATION                                  |                                                                                                                                                                                          |                     |  |

\*A Pastor may complete Section "B" if the student does not attend an Adventist School. \*\*When you have completed your section, make a photo copy for your records and deliver as specified.

## **Pacific Union Education Endowment Fund Policy**

### **I. IMPELLING DIRECTIVE**

“It should be made a part of gospel labor to help forward promising young men who give evidence that the love of truth and righteousness has a constraining influence upon them, leading them to dedicate themselves to the work of God, as medical missionaries, as canvassers, as evangelists. Let a fund be established to carry this work forward. Then let those who have received help go forth to minister to the sick and suffering. This work will surely open the way for the balm of Gilead to be applied to sin-sick souls.” (Ellen G. White, Selected Messages, Book 2, pages 208, 209.)

### **II. PURPOSE**

In an effort to find, challenge, and prepare potential, dynamic lay or employed leaders for the Seventh-day Adventist Church, the Pacific Union Education Endowment Fund has as its purpose the giving of challenge grants to worthy students enrolled in a Seventh-day Adventist school, or college in the Pacific Union Conference who meet the following qualifications.

### **III. QUALIFICATIONS**

The following are standards to be met by the prospective student in order to qualify for a PACIFIC UNION CONFERENCE EDUCATION ENDOWMENT grant:

- A. Is a member of a Seventh-day Adventist Church within the Pacific Union, an unbaptized child of an Adventist parent, or a student who is being sponsored by a Seventh-day Adventist.
- B. Will be enrolled as a full-time student in a Seventh-day Adventist junior academy, senior academy, or in an undergraduate program (including the fifth-year teacher education program) in La Sierra University, Loma Linda University, Montemorelos University, Oakwood College, or Pacific Union College.
- C. Meets the acceptable scholarships and citizenship requirements of the school or college and authorizes a review of these records by the appropriate authorized persons.
- D. Will make a special commitment to spiritual excellence by the local conference’s accepted norm.
- E. Does not receive tuition assistance for children of denominational employees.
- F. Agrees to self-reliance through work study as stipulated below.
  - 1. Secondary students grades 9-12 who receive a scholarship grant are expected to earn a minimum of one-third of their annual educational expenses and may receive a maximum of one third of these expenses from the Pacific Union Conference Education Endowment Fund.
  - 2. Distribution of grants to college student will go to participants in a work study program and will be coordinated with the student’s academic load, earnings, and other aid. Though the requirement for student earnings will vary, the objective shall remain at one-third of the student’s college expenses.
- G. Completes and signs Part A of the application form and includes the required attachments.
- H. Is nominated by the Office of Education in the Conference where the applicant lives.

### **IV. STUDENT RECIPIENTS TO BE NOMINATED, SPONSORED, AND APPROVED**

An individual, local church, or school may recommend a student for nomination. Grants will be issued to students who are sponsored by the nominating conference and who have been approved by the Pacific Union Office of Education.

For each student nominated by the conference, an application form provided by the Fund must be completed, fully signed, dated, and mailed to the Pacific Union sufficiently in advance of the award date.

### **V. GRANT FUNDS ARE FOR THE BENEFIT OF QUALIFYING STUDENTS REGARDLESS OF RACE, COLOR, SEX OR NATIONAL ORIGIN.**

This is a digest of the Policy. A full copy may be obtained from the Pacific Union Conference Office of Education.