



# ACADEMIC SCHOLARSHIP APPLICATION

*“In all thy ways acknowledge Him, and He shall direct thy path.” Proverbs 3:6*

## I – APPLICANT INFORMATION

**Student’s Name:** \_\_\_\_\_  
Last Name, First Name Middle Initial

**Student’s Date of Birth:** \_\_\_\_\_ **Student ID# or Last 4-digit SSN#:** \_\_\_\_\_  
mm/dd/yyyy

<b>CVAC Membership:</b> <b>Student:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Parent:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Institution Level:</b> <input type="checkbox"/> Elementary <input type="checkbox"/> High School / Academy <input type="checkbox"/> University	<b>Academic Year:</b> _____
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## II – INSTITUTION INFORMATION

**Name of SDA Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip Code

**Attention:** \_\_\_\_\_  
Department Name

## III – PARENT / GUARDIAN INFORMATION

**Parent’s Name:** \_\_\_\_\_  
Last Name, First Name Middle Initial

**Parent/Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### INSTRUCTIONS:

1. The applicant or the parent/guardian of the applicant must be a member of CVAC. Student must be attending a Seventh-day Adventist Institution.
2. The Finance Committee reserves the right to verify the student’s enrollment.
3. Deadline for submitting a scholarship request is October 31. Checks will be mailed out to the Academic Institution during the month of November.
4. Completed and Signed forms may be placed in the treasurer’s folder by the copier, or scanned and emailed to [treasurer@ConnecticutAdventist.org](mailto:treasurer@ConnecticutAdventist.org) along with all support documentation.

### For Treasury Use Only

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_  
 Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \_\_\_\_\_  
 Bank Bill Pay Service?: Yes  No  Confirmation Code: \_\_\_\_\_  
 Treasurer: \_\_\_\_\_