

MICHIGAN CONFERENCE OF SEVENTH-DAY ADVENTISTS CHRISTIAN EDUCATION ENDOWED SCHOLARSHIP FUND

Please fill out a separate application for each student applying for a scholarship.

	ame						
Address							
City		State	Zip Code	Hon	ne Phone		
e-mail address of	f Parent(s), Guardian(s)	or Grandp	parent(s):				
Birth Date	Age	Grade	e for 2024-2025 Scho	ol Year		Male	_Female
Local Pastor			Phone				
Current Teacher	e-mail address:		Curren	t Pastor e-n	nail address:_		
Parent(s), Guard	ian(s) or Grandparent(s) Name:					
Church affiliatio	n of Parent/Guardian or	Grandpar	rent				
School attending	for 2024-2025 school	year					
List all Brothers	and Sisters (If needed,	use the bac	ck of this sheet):				
Name	e Age	Grade	School Attend	ling	Amount	Parent Mus	st Pay Monthly
What was the far	nily adjusted gross inco	ome for 20	23 form 1040?		\$		
Please list any cu	arrent sources of assista	nce for the	e applicant. (Worthy S	Student, Pro	ject Assist, et	tc.)	
Source			Amount of Assis	stance			
Source			Amount of Assis	stance			
Please attach:							
	written in English by the dent's last grade report					goals*	
	8 r	(F/		
Student Signature		<u> </u>	Supporting Parent/Guardian or Grandparent Signat				Date
Fund Limit:	Kindergarten \$500		Element	ary & Day	Academy \$1.	,000	
	Boarding Academy \$						
Return this form	n to: Office of Educat	ion, Michi	igan Conference of S	SDA, 5801	W Michigan	Ave., Lansi	ing, MI 48917.

Application deadline is April 26, 2024. Applications must be postmarked on or before April 26, 2024.

Applications will not be considered unless this form, a student letter*, and a student grade report* are submitted. *Not required for kindergarten or first graders