

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

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

Student's Last N	Vame	First Name			
Address					
City	State	Zip Code	Home Phone		
e-mail address o	of Parent(s), Guardian(s) or Gra	andparent(s):			
Birth Date	Age G	rade for 2024-2025 School Year	·	Male	_ Female
Local Pastor		Phone			
Current Teacher	e-mail address:	Current Pastor	r e-mail address:_		
Parent(s), Guard	lian(s) or Grandparent(s) Name	e:			-
Church affiliation	on of Parent/Guardian or Grand	lparent			
School attending	g for 2024-2025 school year				
List all Brothers	and Sisters (If needed, use the	back of this sheet):			
Nam	e Age Grad	de School Attending	Amount	Parent Mu	st Pay Monthly
·					
		_			
		_			
What was the fa	mily adjusted gross income for	r 2023 form 1040?	\$		
D1 11 .		4 1 1 0 1 0 1	D		
Please list any c	urrent sources of assistance for	the applicant. (Worthy Student	, Project Assist, et	cc.)	
Source		Amount of Assistance _			
Source	·	Amount of Assistance _			
		ent outlining their education, ca be included to be considered for		goals*	
Student Signature		Supporting Parent/Guardian or Grandparent Signature		gnature	Date
Fund Limit:	Kindergarten \$500 Boarding Academy \$2,000	Elementary & I Post Secondary	Day Academy \$1, \$3,000	,000	

Return this form to: Office of Education, Michigan Conference of SDA, 5801 W Michigan Ave., Lansing, 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