TO: Regional Scholarship Applicant

SUBJECT: Regional Scholarship Application

Enclosed please find a Regional Scholarship Application Form. Please take a few minutes to carefully read the instructions and information. Fill out and sign the form (three pages). Return the three (3) pages of your application form to the conference or union of which you are a member, by December 1. Please do not return the other pages of the application form. The conference/union will approve and sign your application, and forward it to the North American Division by January 31.

Before you proceed to read the instructions and complete the application form, answer the following questions:

1. Full Time Student in NAD-Based Graduate School: Are you a full-time graduate student currently enrolled in a recognized educational program leading to a doctoral or master degree in a school based in NAD (Bermuda, Canada, United States of America) territory? □ Yes □ No

2. Citizenship: Are you a citizen of Bermuda, Canada, or the USA? □ Yes □ No

3. Regional Conference: Are you a member in good and regular standing with membership in one of the following conferences/unions? □ Yes □ No

   - Allegheny East Conference
   - Allegheny West Conference
   - Central States Conference
   - Lake Region Conference
   - North Pacific Union Conference
   - Northeastern Conference
   - Pacific Union Conference
   - South Atlantic Conference
   - South Central Conference
   - Southeastern Conference
   - Southwest Region Conference

If you have answered NO to any of the above-mentioned questions, we are sorry to tell you that you are not eligible to receive the NAD Regional Scholarship. If you have answered YES to all of the above-mentioned questions, congratulations!—you are eligible to apply for the scholarship. Once again, read all the information and instructions provided before completing and signing the three-page application form.

May the Lord continue to richly bless you and your studies as you continue to serve Him!

Alvin M. Kibble, Chair
NAD Regional Scholarship Committee
**REGIONAL CONFERENCES/UNIONS**

Conference: Allegheny East Conference  
Attention: President's Office  
P.O. Box 266  
Pine Forge, PA 19548  
Phone: (610) 326-4610  
Fax: (610) 326-3946

Union: Pacific Union Conference  
Attention: Regional Ministries Office  
PO Box 5005  
Westlake Village, California 91359  
Phone: (805) 413-7100  
Fax: (805) 495-2644

Conference: Allegheny West Conference  
Attention: President's Office  
1339 East Broad Street  
Columbus, Ohio 43205  
Phone: (614) 252-5271  
Fax: (614) 252-3246

Conference: South Atlantic Conference  
Attention: President's Office  
294 Hamilton East Holmes Drive N.W.  
Atlanta, Georgia 30318  
Phone: (404) 792-0535  
Fax: (404) 792-7817

Conference: Central States Conference  
Attention: President's Office  
3301 Parallel Parkway  
Kansas City, Kansas 66104  
Phone: (913) 371-1071  
Fax: (913) 371-1609

Conference: South Central Conference  
Attention: President's Office  
715 Youngs Lane  
Nashville, Tennessee 37207-4936  
Phone: (615) 226-6500  
Fax: (615) 262-9141

Conference: Lake Region Conference  
Attention: President's Office  
8517 South State Street  
Chicago, Illinois 60619  
Phone: (773) 846-8220  
Fax: (773) 846-5309

Conference: Southeastern Conference  
Attention: President's Office  
PO Box 1016  
Mount Dora, Florida 32756-1016  
Phone: (352) 735-3142  
Fax: (352) 735-4547

Union: North Pacific Union Conference  
Attention: Regional Ministries Office  
5709 N. 20th Street  
Ridgefield, WA 98642-7724  
Phone: (360) 857-7000  
Fax: (360) 857-7001

Conference: Southwest Region Conference  
Attention: President's Office  
2215 Lanark Avenue  
Dallas, Texas 75203-4528  
Phone: (214) 943-9864  
Fax: (214) 946-2528

**REMEMBER:** Please fill out your application, sign it and also have your school and pastor sign it. By December 1, send the three original pages of your application form to your local conference or union where your membership currently is. By January 31, your local conference or union will sign it and send it to us, at the North American Division.
North American Division
REGIONAL SCHOLARSHIP
APPLICATION

Latest Edition
(Previous editions will NOT be accepted)

Revised MARCH 2013
HISTORY

At the 1971 Annual Council of the General Conference of Seventh-day Adventists, the Regional Scholarship Fund was established to serve the membership of the regional conferences located in the territory of what today is the North American Division. In addition, members served by the Offices of Regional Affairs for the North Pacific Union and Pacific Union were also eligible to apply for assistance from this fund.

ELIGIBILITY

The Regional Scholarship Fund is available for full-time graduate students enrolled in recognized educational programs leading to doctoral or masters degrees. Applicants must be citizens of Bermuda, Canada, or the USA (NAD’s territory) and must be enrolled in schools based in NAD territory. Students from divisions of the church other than NAD are not eligible to receive assistance from this fund. Applicants must be church members in good and regular standing with their membership resident in a church of the regional conferences or a church in the North Pacific or Pacific Unions administered by the offices of regional affairs for those unions.

PURPOSE

The purpose for the Regional Scholarship Fund is to encourage the growth of strong leaders for the church whether recipients are ultimately hired in the church organization or whether they serve as supportive lay members in the future. This fund provides a means for church members to invest their resources in the future leadership of their church.

INSTRUCTIONS

Please read carefully the enclosed information and instructions. Completing all forms and securing requested signatures is essential to the application process.
Before proceeding, please read...

INSTRUCTIONS

ELIGIBILITY

A. Regional Conference
   The applicant must be a church member in regular standing in a regional conference or a church in the territory of the Office of Regional Affairs in the North Pacific or Pacific Unions.

B. Citizenship
   The applicant must be North American Division based, and a citizen of a country in the North American Division territory (Bermuda, Canada or USA)

C. Full-Time
   The applicant must be a full-time student in a graduate professional school based in the NAD territory, in the approved areas of study.

D. SDA Institutions
   Preference will be given to requests for scholarship grants to students attending Seventh-day Adventist institutions, however, grants may be awarded to students attending other accredited schools offering studies in approved areas.

E. Financial Information
   The applicant must submit verification of financial need based on information included in the application, and must be earning satisfactory grades.

AMOUNT OF ASSISTANCE

To be administered by the North American Division Regional Scholarship Committee.

FUNDING AVAILABILITY

For Master Degrees: Up to 2 years
For Law Degrees: Up to 3 years
For All Other Doctoral Degrees: Up to 4 years
Each applicant may be approved to receive grants up to two (2) graduate programs only.
INSTRUCTIONS …continued

SOME OF THE APPROVED COURSES OF STUDY

<table>
<thead>
<tr>
<th>Medical School</th>
<th>Graduate Professional Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>Accounting</td>
</tr>
<tr>
<td>Medical</td>
<td>Archaeology</td>
</tr>
<tr>
<td></td>
<td>Business Administration</td>
</tr>
<tr>
<td></td>
<td>Communication/Journalism</td>
</tr>
<tr>
<td></td>
<td>Computer Science</td>
</tr>
<tr>
<td></td>
<td>Counseling</td>
</tr>
<tr>
<td></td>
<td>Dietetics: Food Administration</td>
</tr>
<tr>
<td></td>
<td>Economics</td>
</tr>
<tr>
<td></td>
<td>Elementary &amp; Secondary Education</td>
</tr>
<tr>
<td></td>
<td>Engineering</td>
</tr>
<tr>
<td></td>
<td>Hospital Administration</td>
</tr>
<tr>
<td></td>
<td>Human Services and other related professional disciplines</td>
</tr>
<tr>
<td></td>
<td>Industrial Education</td>
</tr>
<tr>
<td></td>
<td>Law</td>
</tr>
<tr>
<td></td>
<td>Marketing</td>
</tr>
<tr>
<td></td>
<td>Nursing</td>
</tr>
<tr>
<td></td>
<td>Public Health</td>
</tr>
<tr>
<td></td>
<td>Social Work</td>
</tr>
<tr>
<td></td>
<td>Speech Pathology &amp; Audiology</td>
</tr>
</tbody>
</table>

Note: Due to the major investment by the North American Division in Seminary Training at Andrews University, programs in Religion are not approved courses of study.

PROCEDURES

A. Application Form: The application form must be requested from the regional conference or the union conference Office of Regional Affairs in which the student is a member.

B. Signatures: After the application has been received, filled out, and signed by the applicant, graduate school, and local church pastor, it must be returned to the conference or union conference Office of Regional Affairs of which the student is a member.

C. Conference: The conference office will have the application approved by the appropriate committee and obtain the proper signatures. The signature of the conference president or North Pacific/Pacific Union Office of Regional Affairs Director is imperative.
INSTRUCTIONS …continued

D. **North American Division:** The completed application form must be forwarded to the North American Division of SDA:

ATT: Alvin M. Kibble  
Chair of the Regional Scholarship Committee  
12501 Old Columbia Pike  
Silver Spring, MD 20904-6600

---

**DEADLINE FOR APPLICATION TO REACH THE NORTH AMERICAN DIVISION OFFICE:**  
**JANUARY 31**  
*(Your Conference Deadline is December 1)*

---

- The application form needs to be **completed and sent** to your local conference or union **by December 1**.
- It is **YOUR** responsibility to ensure that your application has been received by your local conference/union.
- Please contact your local conference to confirm that they have signed and sent your application to our office **by January 31**. Late applications cannot be considered due to limited resources.

E. **NAD Regional Scholarship Committee:** The secretary of the Regional Scholarship Committee will present the application to the Scholarship Committee for approval. Those applications approved by the committee will be sent to the North American Division Committee on Administration (NADCOA) for approval.

F. **NAD Committee on Administration:** When the North American Division Committee on Administration (NADCOA) has approved the recommended grants, the North American Division treasurer will send a check in the approved amount to the student.

G. **Once a Year:** A student can apply only once a year, must have matriculated, and be in actual attendance at a college or university of choice.
Please take a few minutes to carefully read the following:

SEPTEMBER 1 – DECEMBER 1:
- Complete and send the three (3) pages of your application form to your local conference/union.
- It is your responsibility to ensure that your application has been received by your local conference/union. Please contact your conference Office of the President or union conference Office of Regional Affairs to confirm that they have signed and sent your application to the NAD Office by January 31.

JANUARY 31:
- Your local conference/union will approve and sign your application, and forward it to the North American Division.
- Late applications will be returned to your local conference/union.

INCORRECTLY COMPLETED FORMS:
- Application forms completed incorrectly will be returned to your local conference/union.

ORIGINAL DOCUMENTS:
- Please do not fax or copy your application form or attached documents.

PROVIDED INFORMATION:
- Your information needs to be consistent with the information provided by your school.
- Before mailing your application, please make sure you have checked the following: citizenship, church, conference, union, degree, field of study, year of study, full-time status, signatures from applicant, school, church, and conference/union.

AVAILABLE ONLINE:
- The Regional Scholarship application form and brochure are available online: http://www.nadadventist.org/article.php?id=98

Please only send the following three (3) pages…
REGIONAL SCHOLARSHIP APPLICATION

*** Please print or type information ***

FAMILY STATUS
Last Name____________________ First Name____________ Middle Initial____ Age____ ( )M ( )F
Last Name(s) Previously Used______________________________________
Home Address_________________________________________________ Apt.#
City____________________ State________________ Zip Code_________
Social Security Number________ -________ - -________ Phone Number ( )____________________
Address while attending school____________________________________ Apt.#
City____________________ State________________ Zip Code_________
Day Phone Number ( )_________ Evening Phone Number ( )____________________
Cellular Phone Number ( )_________ E-mail Address __________________________
Marital Status ( ) Single ( ) Married Spouse’s Name__________________________
( ) Divorced ( ) Separated Number of children ____ Ages____________________
Citizenship ( ) USA ( ) Canada ( ) Bermuda ( ) Other:________________________
Church____________________ Conference_____________________ Union________________
(Only the church/conference/union officer listed here can sign page 3, as indicated.)

EDUCATIONAL STATUS
Name of last school attended____________________________________ Year_______
Degree obtained at last school attended________________________________________
School presently attending____________________________________ Phone No. ( )_________
Address_________________________________________________ Apt. #_________
City____________________ State________________ Zip Code_________
Degree sought__________________ Field of study_____________ Hours completed_______
Professional graduate in the current program: ( ) 1st year ( ) 2nd year ( ) 3rd year ( ) 4th year
(School needs to sign page 3 stating that you are a full-time graduate student)
Are you sponsored by any Seventh-day Adventist Institution? ( ) Yes ( ) No

FINANCIAL STATUS
Part 1
Your employer’s name____________________________________ Phone No.( )_________
Address_________________________________________________ Apt. #_________
City____________________ State________________ Zip Code_________
( ) Full-time ( ) Part-time IRS gross taxable annual income (joint if married) $__________
Spouse’s employer________________________ Spouse’s income (net) $__________
Where you claimed as a dependent on your parents’ federal income tax return? ( ) Yes ( ) No
Was your spouse claimed as a dependent on his/her parents’ federal income tax return? ( ) Yes ( ) No
Have you previously received any assistance from the NAD Regional Scholarship Fund? ( ) Yes ( ) No
If yes, were you in a different program? ( ) Yes ( ) No If you were in a different program, specify:
Degree_______ Field of Study__________ Year_______ Total Amount Received $__________

The application form needs to be completed and sent to your local conference or union by December 1.

-Page 1 of 3-
**CURRENT MONTHLY BUDGET** *(Please calculate the figures below on a monthly basis).*

<table>
<thead>
<tr>
<th>MONTHLY INCOME</th>
<th>MONTHLY EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings &amp; Checking Accts.</td>
<td>Tuition*</td>
</tr>
<tr>
<td>Aid: Parent(s)/Guardian(s)</td>
<td>Fees For ________________________</td>
</tr>
<tr>
<td>Applicant’s Income</td>
<td>Instruments</td>
</tr>
<tr>
<td>Spouse’s Income</td>
<td>Equipment</td>
</tr>
<tr>
<td>GI Benefits</td>
<td>Insurance For ____________________</td>
</tr>
<tr>
<td>Work Study Assistance</td>
<td>SUB-TOTAL - Monthly $</td>
</tr>
<tr>
<td>Other Income From:______________</td>
<td>Tithe &amp; Offerings</td>
</tr>
<tr>
<td>SUB-TOTAL - Monthly $</td>
<td>Food</td>
</tr>
<tr>
<td>Grants</td>
<td>Lodging</td>
</tr>
<tr>
<td>Loans</td>
<td>Clothing</td>
</tr>
<tr>
<td>Scholarships</td>
<td>Utilities</td>
</tr>
<tr>
<td>SUB-TOTAL - Monthly $</td>
<td>Car Insurance</td>
</tr>
<tr>
<td>GRAND TOTAL - Monthly $</td>
<td>Creditor: Bal. ________________ For: ____________________</td>
</tr>
</tbody>
</table>

*If your tuition expense is on a quarterly basis, multiply the amount by 4, then divide the total into 12, that would be your monthly expense. For example, if you pay 833.00 a quarter for tuition, multiply 833.00 x 4 = 3,332 ÷ 12 = 277.67 (this would be your monthly expense). If your tuition fee is every 10 months, divide the amount into 12, the total is your monthly expense.

*Please calculate the figures on a monthly basis.*

Creditor: Bal. ________________ For: ____________________
Creditor: Bal. ________________ For: ____________________
Creditor: Bal. ________________ For: ____________________
Creditor: Bal. ________________ For: ____________________

SUB-TOTAL - Monthly $              
GRAND TOTAL - Monthly $
SIGNATURES

APPLICANT
AFFIRMATION: (Print Name) I, ______________________________________________________, hereby state that the information given on this application is to the best of my knowledge true. I/we hereby indicate my/our loyalty to the principles of the Seventh-day Adventist Church and my/our commitment to its objectives. It is my/our plan to support the cause of God through the use of my/our training, giving first consideration to locating in __________________________ Conference territory. READ THE "NOTE" IN THIS PAGE BEFORE SIGNING.
Date ____________________ Signature __________________________ (Applicant)
Date ____________________ Signature __________________________ (Spouse)

SCHOOL APPRAISAL (Imperative that this section be filled out.)
Accumulative grade point average _______________ or standing ______________________________
Graduate full-time student: ( )Yes ( )No Degree sought______ Field of study______ Year of Study___
Remarks:_____________________________________________________________________________
School:__________________________________ Phone Number:_____________________________
(Print Name:______________________________________  (School Registrar)
Please see Educational Status - page 1)
This is a regionally accredited higher education institution ( ) Yes ( ) No
Date ____________________ Signature __________________________ (School Registrar)
(School Seal and/or Stamp Required)

CHURCH
The ______________________________________ SDA Church of _____________________________
(City/State)  (Church where you hold membership)
approves the applicant as a member in regular standing and worthy of the scholarship grant requested.
Pastor’s Phone Number (Day): __________________________ (Eve): __________________________
(Print Name:_________________________________________  (Church Pastor)
(Please see Family Status - page 1)
Date ____________________ Signature __________________________ (Church Pastor)

LOCAL CONFERENCE
The __________________________ Conference approves the applicant worthy of a regional scholarship grant. READ THE "NOTE" IN THIS PAGE BEFORE SIGNING.
(Print Name:_________________________________________  (Conference President
(Please see Family Status - page 1)
(Date ____________________ Signature __________________________ (Conference President
(If member of the North Pacific or Pacific Union, the Union Director of Regional Affairs needs to sign this section)
(If member of the North Pacific or Pacific Union, the Union Director of Regional Affairs needs to sign this section)

The application form needs to be completed and sent to your local conference or union by December 1. -Page 3 of 3-