FLORIDA CONFERENCE ASSOCIATION OF SEVENTH-DAY ADVENTISTS

351 S. STATE ROAD 434 ALTAMONTE SPRINGS, FL 32714-3824
TEL (407) 644-5000 x 2241 •FAX (407) 644-7550
EMAIL: PLANNED.GIVING@FLORIDACONFERENCE.COM

Application for Financial Aid

Complete the application in full (2 pages) and return it to the Florida Conference Association as listed above.

STUDENT'S INFORMATION

Date Submitted	/ /			
	<u> </u>		Email	
			/	
Last name	First Name	Middle Name	Area code/ Home or Cell Phone	
Address		City	State Zip code	
\square M \square F	/ /	$Y \square N \square$	/ /	
Gender	Date of Birth	SDA	Date Baptized	
Church Membership		Church Paste	Church Pastor's Name	
Last school attended			during school year	
School you are planning to attend			School year_	
Class Level Academy Grade (F, S, Jr., Sr.)		Class Level	College Year (F, S, Jr., Sr.)	
Academy Grade (F, S, Jr., Sr.) Major				
I am applying fo	r a □ GRANT □ LO	DANS (select one or both)		
PAR	ENT/GUARDIAN	N/FINANACIAL PROV	/IDERS INFORMATION	
		// 0.7 0	ding Private School	
Annual Income:		# of Dependents attend		

Summarize below the reason(s) for your request: Include information about your parent'(s) or legal guardian's financial situation, including any extraordinary financial burdens, also the reasons you would like to continue in Christian Education and your academic achievements.				
Signature	Date			

All requests are reviewed by the FLORIDA CONFERENCE ASSOCIATION of SEVENTH-DAY ADVENTISTS SCHOLARSHIP COMMITTEE. Approvals will vary in accordance with the individual's needs, availability of funds and restrictions of the funds.