## **Ethnic Scholarship Application**

Southeastern California Conference Black Ministries Department P.O. Box 79990 Riverside, CA 92513-1990 Telephone: (951) 509-2298 Fax: (951) 509-2399 E-mail: Brianna.Hill@seccsda.org

APPLICANT INFORMATION:	Please Print Legibly
Student's Name:	
Address:	
City/State/Zip Code:	
Date of Birth:	
Phone Number:	
E-mail Address:	@
Parent/Guardian's Name:	
□ Elementary/Academy (Gra	ades K – 12):
□ College or University (Und	lergrad Only):
Signature of Education Chairp  Signature of Treasurer:  The Ethnic Scholarship is also k Students must be enrolled in a S	al Church: \$
<ul> <li>Students must be considered worthy of financial assistance. The amount requested must be approved by the church education committee or person responsible for approving the Ethnic Scholarship Application.</li> <li>Applications must have two (2) signatures: (1) church education chairperson or pastor and (2) church treasurer.</li> <li>The Ethnic Scholarship cannot be used as the church or conference portion of the Three-Way Scholarship or for other assistance the church is expected to pay.</li> <li>Denominational employees and their families are not eligible to receive this scholarship as they receive financial assistance through their employer.</li> <li>Mail the application to the SECC Black Ministries Department; P.O. Box 79990, Riverside, CA 92513-1990.</li> </ul>	
CONFERENCE USE:	
Amount Approved: \$	GL No
Black Ministries Vice President:	
Data Danahuadi	I