

**EDUCATIONAL SCHOLARSHIP  
BILLING FORM**

***This Form is To Be Completed by Educational Institutions Only***

Southeastern California Conference  
of Seventh-day Adventists  
P O Box 79990  
Riverside CA 92513

**NOTE:** Please use this form to request funds for educational scholarships for denominational employees who are eligible for this benefit. If you create your own form, please be sure it includes all of this information. This will greatly help the payroll center to identify all students correctly and to assign the correct amounts and billing numbers. Thank you for your cooperation.

**PARENT'S NAME**

**PARENT'S PLACE OF EMPLOYMENT**

Father \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Mother \_\_\_\_\_

STUDENT'S NAME	TOTAL TUITION and FEES CHARGE	Less 35% or 70%	\$ AMOUNT of CONFERENCE ALLOWANCE	CONFERENCE USE ONLY
				- - -
				- - -
				- - -
				- - -
				- - -
				- - -

**(Please Choose only One - Semester or Quarter)**

- THE ABOVE INFORMATION IS FOR:
- |  |   |
|--|---|
| <input type="checkbox"/> 1st Semester  | <input type="checkbox"/> Summer Quarter |
| <input type="checkbox"/> 2nd Semester  | <input type="checkbox"/> Fall Quarter   |
| <input type="checkbox"/> Summer School | <input type="checkbox"/> Winter Quarter |
|  | <input type="checkbox"/> Spring Quarter |

School Attending \_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing this Form

\_\_\_\_\_  
Date

***(Please use this form as an original - make copies as needed)***